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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

COMPOUND FRACTURE OF BOTH LOWER EXTREMITIES: PRIMARY AMPUTATION OF THE RIGHT THIGH: DEATH FROM LATENT PYÆMIA: ULCER OF THE STOMACH.

Under the care of G. D. POLLOCK, Esq.

JOHN W., aged 39, was admitted into St. George's Hospital, under the care of Mr. Pollock. He had sustained severe injury from the fall of a heavy iron box over both legs. There was a compound fracture of the left femur, and a compound fracture of the opposite leg extending into the knee-joint, as was proved by the presence of air in the synovial cavity. He was said to have been suffering from disease of the stomach ('*ulcer*' his medical attendant had told him), as evidenced by habitual vomiting. His complexion at the time of admission was yellow, and he was in a state of great collapse. At a consultation, it was decided that, when reaction was established, the right thigh ought to be amputated. This was accordingly done under the influence of chloroform, some hours after his admission. The pulse did not appear to be materially depressed after the operation, and next day he had rallied somewhat. On examination of the amputated leg, it was found that the tibia only was fractured: the fracture, which was very oblique, ran upwards and outwards, and opened into the cavity of the joint below the external semilunar cartilage.

It would be foreign to our purpose to note the daily symptoms of this case. No symptoms of disease of the stomach were observed, except an attack of severe pain in that region. This, however, was so transient that it would not have attracted notice but for the alleged previous disease. He sank very gradually, and apparently of weakness, caused by the profuse discharge from the stump (which was very foul, and the flaps retracted from the bone), and from the compound fracture, the wound connected with which showed no disposition to heal. A peculiar odour was noticed about his bed, which is sometimes pointed out as symptomatic of pyæmia; but no more distinct proof of this condition was present. The complexion, indeed, was yellow, but not obviously more so than at the time of his admission. He died three weeks after the operation.

On *post mortem* examination, the fractured ends of the left femur were found deprived of periosteum, separated from each other and from the soft parts, and lying bathed in fœtid matter. They would evidently have become necrosed, had the patient survived. The right femoral vein contained much adherent fibrine, which in some places was softened. The lungs also contained a few patches of secondary deposit, and there was also purulent fluid in the pleura. On the upper and posterior part of the stomach were two small oval ulcers, free from any traces of inflammation, denuding the muscular coat of its mucous covering.

REMARKS. This case is one of much interest, both in a medical and a surgical point of view. First, as to its medical bearings. In our last number (p. 82), we adduced instances of the severe symptoms caused by disease of the stomach presumed to be ulceration. The present case is an instance of the occasional inconstancy of those symptoms. The man's story of his complaint, which was afterwards corroborated by his former medical attendant, who was present at the *post mortem* examination, was, that for several months he had been troubled with severe and constant vomiting, latterly of almost daily occurrence, and attended with much emaciation. His sallow cachectic aspect partly confirmed his story; but, as no symptoms were present, and he was in a state of great prostration and suffering from the injuries he had sustained, the history of the disease was not investigated. From that time, no symptom of disease of the stomach occurred. The man ate and drank as well as most patients similarly circumstanced; he never vomited, and only once complained of some pain in the epigastrium. No reason whatever could be found for this sudden cessation of symptoms, unless it were that the pain and restlessness under which he suffered rendered it necessary to give large doses of morphia. In the fortunate cases above referred to, it will be noticed that opium was liberally given, and no doubt contributed materially to the cure.

In the surgical treatment, there was a good deal of difficulty. The extensive injuries, the extreme prostration, the probable presence of organic disease, rendered it a very unpromising case for operation; yet it seemed unjustifiable to leave the patient exposed almost certainly to the consequences of suppurative inflammation of the knee, should he survive the shock of the injury. In a healthy man who had no other injury, excision might have been thought of, but it was here obviously out of the question. The results of the amputation were at first gratifying, and during the first fortnight he appeared to have some chance of surviving; but his vital power was unequal to the task of repair; the soft parts in connexion with the compound fracture sloughed, and the bone would evidently have become necrosed. It was, therefore, perhaps fortunate for him that his sufferings were terminated by the attack of pyæmia. In reference to the latter, it will be noticed in this case how few symptoms may attend the development of this morbid condition in persons excessively reduced by previous disease. No febrile symptoms (rigors, sweats, etc.), no nausea or jaundice, were noted, although carefully inquired for. The only trace of pyæmia was, as before stated, a certain peculiar odour—a sign to which few persons attach much importance, and which indeed can hardly be relied on when, as in this case, there is an extensive suppurating cavity. Still there was something sufficiently peculiar in the smell of this person's bed to attract the attention of some of those who watched the case, and to lead to a conjectural diagnosis from this circumstance alone, which the *post mortem* examination confirmed. Cases similar to this, of latent pyæmia, are of constant occurrence. How little dependence, then, can be placed upon inferences as to the comparative frequency of this condition in this and earlier times, unless drawn from observations in which *post mortem* examination has been rigorously attended to. (T. H.)

ST. BARTHOLOMEW'S HOSPITAL.

I. LOCAL TREATMENT OF CANCER.

Under the care of E. STANLEY, Esq.

[*The notes supplied by* MR. BARKER, *House-Surgeon.*]

THE local treatment of cancer is just now receiving an amount of attention proportionate in some degree to the interest of the subject: it is, in fact, the most important question in surgery as yet left unsettled. On the one hand, there are persons (and those not without authority) who consider that the results of operation have been so discouraging, that it would be better to leave the cases to their natural course. On the other hand, various specifics are vaunted as capable of effecting that which the knife has, it is said, failed to do, viz., both to remove and to eradicate the disease. This is indeed a question of experience; but it is difficult to understand, *à priori*, how any treatment can be more effectual than the speedy removal by the knife, in situations which allow of the diseased growth being entirely sur-

rounded by the incision. This is all that would appear possible by local treatment; for that the application of an escharotic to the diseased structure should so far modify the constitution as to prevent what is called the return of the disease—*i. e.*, the re-appearance of its local symptoms—is an assertion which seems so improbable as to require very convincing evidence to obtain its reception. This, however, is what is professed by those who promise the "cure" of the disease by local applications. The best known of these latter is Dr. Fell, the American practitioner, whose alleged cures have been the theme of so much discussion in London. This gentleman has been provided with ample opportunities at the Middlesex Hospital for the trial of his specific, on the understanding that he should first disclose to the medical officers of the hospital, in confidence, the nature of the application; and that either or both parties should be at liberty to publish the recipe, and the results of the cases, at the end of half a year. We shall watch this experiment, which has already begun, with great interest; and our readers may rely on being put in possession of its results, when published. At another hospital, cases are also under treatment with the same object, viz., the eradication of cancer by a painless application. It would be premature to publish the details of these cases, which will very shortly be submitted to the public in another form. At other hospitals, cases of open cancer are being treated by the application of solution of chloride of zinc. The details of one of these cases we subjoin, as far as it has yet gone. Its progress hitherto has been most satisfactory; and if the only advantage gained were the temporary relief from suffering which the poor fellow has experienced, this would be an ample recompense for the treatment. Everything seems, however, as yet, to promise a more lengthened respite (we dare not say a permanent deliverance) from the malady. Another case is under the same treatment, also by Mr. Stanley; and with still more encouraging success. This is so nearly completed, that we hope to give the whole progress of it in a very early number. The same treatment, by the application of Burnett's solution diluted, was also commenced by Mr. Curling, at the London Hospital, on a female suffering from a very large mass of soft cancer in the leg and thigh. The case, however, appeared hopeless; and, as the patient objected to the treatment, it was not persevered in. At the Westminster and University College Hospitals, the escharotic suggested by Professor Simpson (sulphate of zinc) is receiving a trial; and other caustics are being tried by different hospital surgeons, principally, however, if not solely, in cases which would not admit of operation. The peculiarity of Dr. Fell's method, if we understand it rightly, is, that it is intended as a substitute for the latter.

Edward G., aged 39, a chimney sweeper, was admitted under the care of Mr. Stanley, December 29th, 1856. Two years ago, a mass of the ordinary soot cancer was removed by Mr. Stanley from the scrotum. The disease recurred in the inguinal glands of the left side, eight months since, soon ulcerated, and has been gradually extending, accompanied lately by severe pain. On admission, there was found an excavated ulcer, nearly an inch deep, measuring three inches in breadth (along the fold of the groin), and one in length. Its surface was tuberculated, the edges everted and ragged; and it was surrounded by an indurated margin of considerable breadth, which was covered by livid skin. The discharge was of a thin sanious consistence, and very fœtid. Lotion of chlorinated soda was applied to the ulcer, on account of its foul smell; and, as he could not sleep for the pain, an opiate was given.

On Jan. 2nd, he was ordered to apply a lotion composed of one part of Sir W. Burnett's disinfecting fluid to six parts of water, on lint, adjusted to the size of the cavity, to be removed every two hours. The first application caused considerable pain; and the strength of the solution was accordingly diminished to one part of the solution in nine. On the day following (Jan. 3rd), a yellowish eschar had formed; the smell was less offensive, the pain somewhat diminished. He continued the application of the lotion for ten days, during which time large masses of the diseased structure sloughed away, leaving the cavity considerably enlarged in all directions. The pain attending the application was but slight. An attack of inflammation, of no great severity, in the neighbouring skin, now caused the suspension of treatment for a week, when (Jan. 19th), he was ordered to renew the application, and had done so up to the date (Jan. 26th) on which we had last the opportunity of seeing him. Portions of slough, in appearance like leather, continued to come away; a granulating and apparently healthy surface was exposed at the upper part of the sore; the hard margin was much diminished. His health was good. The lotion caused him no pain, and he slept quite comfortably at night without an opiate. His spirits also were much raised, and he was anticipating a speedy cure.

The escharotic appeared to respect, at least in a great measure, the healthy tissues; while the diseased parts (perhaps in consequence of their lower organisation) were freely destroyed by it. (T. H.)

II. OPERATION FOR CICATRIX OF THE NECK. REMOVAL OF FIBROUS (?) TUMOUR AFTER RECURRENCE. OPERATIONS FOR NECROSIS.

A SERIES of operations of much surgical interest, though not, with one exception, of any great gravity, was performed last Saturday at St. Bartholomew's Hospital. The first was a plastic operation by Mr. Holmes Coote, for the cure of cicatrix of a burn of the neck, in a young female. This cicatrix occupied the left side of the neck, drawing the lower lip down, and causing very considerable deformity. On a previous occasion the cicatrix had been divided by a horizontal incision at the root of the neck, and thus a broad wound had been left, and the tension on the lower lip somewhat relieved; but the contraction of the neighbouring parts exercised so much traction on this wound, that it was found impossible to produce its union; and the irritation caused by the dragging on the raw surface in each movement of the head was very painful to the patient. Mr. Coote adopted a plan recommended by Mr. Skey, which consists in making incisions into the skin in the neighbourhood of the granulating surface, with the view of liberating it from this traction, and thus allowing of the closing of the original wound. This plan, it is true, substitutes several cicatrices for one; but the tension resulting from a number of small scars is not, it is said, equal to that caused by one large one; and it will be obvious how much the scar of the original wound would be diminished in extent by the release of the tension on its edges. Free incisions were accordingly made in the neighbourhood of the wound, and left to fill up. One drawn above the wound appeared to have the further advantage of relieving, in some measure, the traction on the lip. We shall recur to this case.

Mr. Stanley operated on a small swelling, seated on the back of the fore arm of a middle aged woman. It was one of those numerous tumours which do not reveal distinctly their intimate structure from their outward appearance; and hence varying opinions were expressed concerning it. It was about as large as a walnut, was livid and lobulated on its surface, freely moveable on the fascia, of a soft consistence, and had, on one or two occasions, been the seat of hæmorrhage—probably the result of friction. It had been growing for two years, and eight months previously a ligature had been passed round its base; but the tumour had reappeared in a short time afterwards—probably not having been entirely removed. An incision was made surrounding the tumour, and it was removed, together with the piece of skin supporting it. On examination it was seen that the skin was only secondarily affected, the tumour having sprung from the areolar tissue. It appeared to be of a soft fibrous character.

The next two operations were for the removal of necrosed bone, by Mr. Stanley. The cases presented a forcible contrast in the situation of the disease, and the consequent feasibility of an operation. One of the patients was a female, rather advanced in age, who had laboured for four years under necrosis of part of the shaft of the tibia, the result, it appeared, of syphilitic aberration. The bone was not loose; but as a large portion was lying directly under the skin, part of it exposed to the air, it was thought that the cure would be expedited by gouging it away, so as to expose healthy bone. This was of course easily effected. The next patient was a young man who had been suffering for some time from disease of the femur at its lower and back part, which had caused him so much pain that he had come into the hospital desirous of the removal of the limb. It was thought better, however, notwithstanding that the seat of the disease was in the immediate neighbourhood both of the popliteal artery and of the joint, to endeavour first to effect the removal of the dead bone. Accordingly, a sinus which existed at the inner part of the limb just above the condyle was enlarged by an incision, curving away from the course of the artery, and the bone was exposed by careful dissection. The operation, which was necessarily tedious and bloody, was perfectly successful. Three small pieces of necrosed and loose

bone were extracted, and the neighbouring bone carefully examined. It appeared to be healthy. In Mr. Stanley's work on diseases of the bone (p. 129) the difficulties attending this operation are well pointed out; and it is mentioned that the consideration of them, in many of the cases he has seen, "led to the conclusion that in preference to undertaking a protracted operation for the removal of the dead bone, with the uncertainty of effecting it, and with the risk of doing serious mischief in the attempt, it is better to amputate the limb." The bolder course pursued in this instance will probably avoid this *opprobrium chirurgiæ*. (T. H.)

III. RUPTURE OF THE BLADDER.

[*From Notes supplied by* MR. BARKER *and* MR. CALLENDER.]

PETER A., aged 26, was admitted Jan. 20, under the care of Mr. Stanley. He had been drinking, and was intoxicated at the time of admission. It appeared that some quarrel had taken place, and that he had been kicked by one of his companions on the abdomen. This was shortly before his admission. At that time his aspect was anxious; the abdomen was tense, and very tender about the umbilical region. The urine was retained. On a catheter being passed, ten ounces of urine were drawn off, and some blood escaped as the instrument was being withdrawn. No injury appeared to have been done to the urethra. During the next few days he continued to get weaker, and his countenance to exhibit increasing anxiety; but no distinct symptoms of peritonitis showed themselves. The bowels continued costive. The urine was still retained, and he used to complain of increased pain when it was allowed to remain any long time in the bladder. Accordingly an instrument was passed every four hours. It was noticed that as soon as the bladder had been nearly emptied, the handle of the catheter was always tilted towards the right side. Towards the end of the case, the abdomen became more tender and tympanitic (but no fluid could be detected in the peritoneum), and the legs were drawn up. The treatment was directed to supporting his strength, relieving the pain, and latterly also to the removal of the inconvenience which he suffered from flatulence. He died on the sixth day.

On *post mortem* examination, twenty-two hours after death, no distinct traces of peritonitis were detected. The cavity of the peritoneum contained a small quantity of turbid fluid, which was unfortunately lost before having been examined. The bladder was found firmly contracted behind the pubes. At the point where the peritoneum turns from its upper wall to the parietes of the abdomen, was an opening about an inch long, passing through all the coats of the bladder, and on the inside of this viscus the lower part of the principal rent was joined by two or three lateral fissures, extending through the mucous membrane only. The mucous membrane, both of the bladder and intestines, was slightly congested. The other organs were healthy. There were no marks of contusion in the walls of the abdomen. Microscopic examination of the rectus abdominis muscle showed its fibres loaded with the parasite named trichina spiralis.

REMARKS. This case is adduced as an example of the occurrence of rupture of the bladder, and the consequent effusion of urine into the peritoneal cavity (for there can be no reasonable doubt that the fluid which was unfortunately lost was urinous, as the laceration must have been produced when the bladder was full, and the communication between the latter and the peritoneal cavity was perfectly free), without the occurrence of any peritonitis. Hence one of the principal means for forming a diagnosis of the nature of the injury was wanting. This is not, however, by any means an unheard-of circumstance; other cases have fallen under our notice, in which the extravasation of healthy urine into the peritoneal cavity has been unattended with any amount of inflammation recognisable during life. The persistence of blood in the urine, the great prostation and retention of urine, together with the irregularity in the contractions of the bladder, as evidenced by the twisting of the catheter, formed together a body of symptoms sufficient to lead to a satisfactory idea of the nature of the injury. The latter symptom may be worth remembering, as confirmatory of a diagnosis which it is not always easy to establish. (T. H.)

LONDON HOSPITAL.

INGROWING TOENAIL.

Under the care of T. B. CURLING, Esq.

INGROWING toenail is a complaint extremely troublesome, both to the patient and his surgeon; and not unfrequently leads to results not very creditable to the latter. Any method, therefore, which is both easy, quick, and not extremely painful, and which has been known to succeed, is worth trying in the severer forms of this painful affection. It is quite true that the ordinary method (by thinning the centre of the nail and raising its side) is sufficient for the simpler cases; and will, if persevered in, and managed with dexterity, succeed in a great majority, if not all, of the others; but it is at best a tedious and painful process in these latter, and in incautious or bungling hands may do more harm than good. The old operation of evulsion of part of the nail is a very rough unsurgical procedure, acutely painful (though that objection may not be of much weight in these days), and, more than this, too often fails to cure the patient. We had the other day an opportunity of seeing a patient treated by Mr. Curling on a plan new to us; and which recommended itself, both by its simplicity and its perfect success, in what had been a very obstinate case. The patient, a young man, was admitted about three weeks before with ingrowing of the nail of the great toe, the inner part of which had been removed before his admission. The disease had, however, progressed in spite of this, and the mass of fungous granulations at the side of the nail was very large. Mr. Curling's plan consists simply in slicing off these granulations, and the adjacent soft parts of the toe, down to below the level of the offending nail. The wound is then left to cicatrise, the nail grows over the scar, and the cure is completed. In the present case the wound was, as nearly as possible, closed, and the patient was just about to leave the hospital. Mr. Curling had tried the same plan in several other severe cases, with equal success. It had been suggested to him by some one in the course of conversation, and is no doubt practised elsewhere, but appears less known than so simple and apparently effectual a procedure deserves to be. (T. H.)

CENTRAL LONDON OPHTHALMIC HOSPITAL.

ENTROPIUM: INVERSION OF THE LOWER EYELID: PECULIAR SUSCEPTIBILITY OF THIS LID: THE MECHANISM OF THE AFFECTION: REASON WHY THE EYE SUFFERS LESS THAN IN ENTROPIUM OF THE UPPER EYELID: OPERATION.

Under the care of HAYNES WALTON, Esq., Senior Surgeon to the Hospital.

[*Reported by* MAURICE DAVIS, M.D.]

IN our last report (p. 1), we gave a slight sketch of the manner in which the upper eyelid is influenced by entropium. We now proceed to treat of implication of the lower lid.

The inferior palpebra is more frequently inverted than the superior; for besides being subject to the same disturbing circumstances, it is peculiarly influenced by old age—that is, advanced old age—a cause from which the superior is, according to Mr. Walton, exempt. This alone should be, we think, sufficient to set aside the theory of looseness of the skin producing the affection; not to add, that the integument in the aged is more baggy over the superior tarsal cartilage, and often hangs in a degree materially to influence the angle of vision. But this point has been sufficiently disposed of in the preceding communication. Then when implicated, it is more likely to escape detection than its fellow, because its effects are fortunately, for the most part, very much less severe; and also on account of the peculiar and generally unknown manner in which the eyelid is rolled up.

The following case illustrates all the characteristics of this complaint, and well shews its mechanism.

The patient was sixty-five years of age, robust, and without any general ailment. He was incessantly winking the left eye, the ocular conjunctiva of which was much injected, and the edge of the eyelid was covered with a sud-like secretion. He complained of a peculiar irritating feeling about the eye, which obliged him to wink so frequently. There was intolerance of light, and much lachrymation. Between two and three years he had suffered, but the severity of the symptoms had passed. After the secretion was cleared away, the integument of the lid was observed to bulge in a remarkable manner, while the tarsal margin was not apparent. With this, there was a degree of

depression or shortening of the part, by which the eyeball was unnaturally exposed. Mr. Walton pointed out the remarkable contrast between this and the affection of the upper eyelid; it was clear that the difference was due only to the dissimilar physical conditions of the lids themselves, and not to different primary causes, as the essential character in each was one and the same. He recommended the studying of the inverted lower lid especially to the student, because that lid offers a greater facility for observation, as the border is outwards and away from the eyeball, and any change in its direction can be better appreciated than in the upper, where the margin inclines somewhat inwards. Besides, there is a very marked difference in the size of the two cartilages, which throws additional light on the inquiry, the upper being broader than the under. In the most marked or aggravated stage of inferior entropium, the tarsus does not rest against the globe as though it bound it, but the lid is so completely turned on itself that the cilia are hidden, and the narrow cartilage rolled up, and its position completely reversed.

The method of operating adopted by Mr. Walton was in all respects like that described for inversion of the upper eyelid. Two incisions were made, one along the margin of the tarsus, the other above it, forming an ellipse, and the skin and the corresponding portion of the orbicularis were removed.

An attempt had been made to remedy the defect by the removal of skin, but fruitlessly. It has been said that the loss of integument alone from the lower lid will suffice. It is quite possible to restore the eyelid to its natural position, by removing skin enough to produce such tension on the remaining integument as shall overcome the preternatural action of the orbicularis palpebrarum, but it will be at the expense of depressing the part, and thus, by displacing the punctum lachrymale, causing the tears to fall over the cheek, as well as exposing the eyeball. When the operation is performed on a lid that has not been previously interfered with, there is generally no trace of what has been done.

Cases of entropium in general are aggravated, through the mistaken idea of mitigating the suffering, by pulling out the eyelashes. Many of these are not in reality pulled out, but are broken off, and the stumps so left are peculiarly fitted, especially in the upper eyelid, to irritate the eyeball. Moreover, when they are pulled out, after the frequent application of the forceps, abortive hairs are produced, and these for the most part grow irregularly, and direct their points inward, and become very injurious. Therefore, directly that entropium is detected, the proper operation should be done; it is useless to delay it, and waste time, by the application of plaster, collodion, and such like.

As a rule, when patients will not submit to this, Mr. Walton does not touch the lashes, more particularly in the severe cases of the upper eyelid, because from the habit the person gets of frequently wiping the eye, the points of them are turned out and away, while the less injurious parts, their convexities, are in contact with the eyeball.

HULL GENERAL INFIRMARY.

ON THE VIRTUES OF ACETATE OF POTASH AS A REMEDY FOR RHEUMATIC FEVER.

By Humphry Sandwith, M.D., one of the Physicians to the Infirmary.

Having recently treated ten cases of rheumatic fever by acetate of potash with unusual success, at this institution, I feel warranted in calling the attention of the profession to it, as a remedy, which I have found to be superior to any other. This superiority consists in the rapidity of its action as a febrifuge, which is probably owing to its power in carrying off from the blood the specific poison, which has excited the febrile commotion. I have premised a suitable cholagogue of calomel, followed by a rhubarb or senna draught, in those cases in which there was reason to suspect congestion of the portal system, as shewn by an arrest both of the biliary and urinary secretions. After this, in the majority of cases, I employed no other internal remedy than one drachm or a drachm and a half of the acetate of potash, to be dissolved in half a pint of water, and drunk during the day. The addition of a little lemon-juice and sugar is much relished by the patients. The remedy has acted freely on the kidneys, abated the fever, and moderated the anguish of this very painful disorder. It has not been necessary, except in one or two cases, to leech the inflamed joints.

The following tabular view shows the duration of the disease under this plan of treatment:—

Three cases cured in	.....	7	days.
One	"	"	.....	10	"
One	"	"	.....	13	"
One	"	"	.....	14	"
One	"	"	.....	15	"
Two	"	"	.....	17	"
One	"	"	.....	20	"

In the above cases there was no endocarditis, so that we may hope that a further trial of the remedy will shew its powers in resisting this fearful complication.

In another case, that of a young woman, aged 18, who came into the hospital with an endocardial murmur accompanying rheumatic fever, acetate of potash was given, six leeches were applied over the heart, and calomel was administered, so as gently to affect the mouth. All the symptoms yielded in about a fortnight.

In another case, the patient had a quick recovery from rheumatic fever under the use of the acetate, and then resumed work too soon, and in bad weather. He returned to the hospital with a severe relapse, accompanied by a slight endocardial murmur. The rheumatic fever was again quickly relieved by the acetate; but a mercurial course, with twice leeching and blistering, was necessary to complete the cure of the heart affection.

In two other cases, after the prompt removal of the acute symptoms, we had to combat a chronic affection of one knee-joint, resembling synovial rheumatism. This, of course, protracted the cure.

I have employed the acetate of potash, in the same doses and manner, in a still greater number of cases of chronic rhematism, and in many of them with marked advantage.

Original Communications.

DISLOCATION OF THE THIGH BONE INTO THE FORAMEN OVALE, REDUCED WITHOUT THE AID OF MECHANICAL APPLIANCES.

By Richard Steel, Esq., M.R.C.S., Surgeon to the Blaenavon Iron Works.

On April 19th, 1856, John Corfield, a hale, muscular man, aged sixty-eight, was crushed by the fall of a bank of earth which he was excavating. He received the following injuries: fracture of the neck of the *right* femur, fracture of the right tibia and fibula, and dislocation of the head of the *left* femur into the foramen ovale.

I reduced the dislocation in the following way. Standing on the same side as the dislocated limb, and grasping the knee with my left hand, I used the thigh as a lever, the fulcrum being my right hand placed close up to the fork, so as to make a powerful outward traction of the upper part of the limb; the knee was pressed forcibly inwards towards the middle line, and at the same time backwards, *i. e.*, towards the bed on which the patient was lying on his back. Reduction took place on the first attempt and at once; as soon as the previously immovable limb yielded to the pressure a loud snap was heard, the knee became straight, the form of the hip was restored, and the man at once began to move the joint freely in his delight at being relieved from the previous pain. No traction was made, nor any force whatever used except as above described as applied by my own two hands. The dislocated hip gave no farther trouble.

For the fracture of the neck of the femur and of the leg on the opposite side, I employed Liston's double-inclined plane. The man's recovery was complete; he walks with a moderate amount of limp, with the assistance of a stick only. I diagnosed the fracture of the neck of the femur to be partly within and partly without the capsular ligament.

Remarks. I have been induced to send this case, by reading Dr. T. Walker's communication in the Journal of January 24th. He therein alludes to a previous case of dislocation into the foramen ovale converted into one into the sciatic notch by manipulation. In the year 1847, I saw in consultation a case of dislocation into the foramen ovale, which had resisted the efforts of two surgeons to whose skill I can bear the fullest testimony. The usual method, most carefully carried out, had failed. Under the idea that the head of the

bone might be hitched against a muscle from which change of position might liberate it, I flexed the thigh on the pelvis and adducted the limb gently; total change of position suddenly took place, so much as to make me hope that reduction had taken place. One of the gentlemen to whom I have alluded, in examining the limb in its new position, repeated the manipulation, when luxation into the sciatic notch followed, from whence it was reduced with comparative facility with the assistance of pulleys.

The accident would occur if the thigh were too much flexed on the pelvis, and at the same time brought too much across the opposite limb. I believe the proper way to avoid it is to follow the course employed in the reduction of the case detailed above, viz., to keep the thigh well backwards, and to avoid bringing it across the middle line. Repeating both forms of manipulation by means of a pelvis and femur, will explain the reason better than a written description.

I am happy to be able to confirm Dr. Walker's views by these cases, which I hope may contain some practical points, while they will at all events illustrate the kind of cases which occur not unfrequently in the practice of iron-works surgeons.

ON CHOLERA: ITS DIAGNOSIS AND TREATMENT.

By C. W. Bell, M.D., K.L.S., late Physician to H.M. Embassy in Persia, etc., Buxton, Derbyshire.

[*Concluded from page 87.*]

Having now sufficiently considered the nature and symptoms of those complaints which most predispose the system to an attack of cholera, and which have most frequently been mistaken for that disease, we may proceed to examine more minutely what symptoms, etc., specially belong to it, in its true congestive form. These are, first, blueness of the nails and contracted veins of the extremities, which appear like dark narrow lines, in consequence of their retaining in them a small quantity of blood adhering to their interior by capillary attraction; for though this force is not exercised between the coats of the vessel and its contained blood during health (but appears, on the contrary, to be exchanged for electrical repulsion), it certainly is operative during the blue stage of cholera: the features are sunk, the eyes look hollow, the lips are bloodless, the tongue is as clean and bloodless as if it had been macerated in water for days, and as cold; the breath is cold, the voice is without tone—all these symptoms occur in a more or less marked degree *before* any rice water stools are voided. In slight cases, a sudden fluid dejection, unexpectedly copious, but without pain, now takes place, and is perhaps followed by cramp in the legs. At this stage a sharp stimulant, such as brandy or sal volatile, will often cure at once; for it is remarkable how completely the tendency of this formidable disease to return seems to be broken, if the incipient congestion be arrested by any means. This is the only stage of true cholera in which stimulants do not do more harm than good. The blood has been forced into the interior veins by the contraction of the capillaries of the extremities; the passage of the blood through the lungs is just beginning to become arrested by the same cause; but the congestion thus produced has been greatly relieved by the rapid fluid exudation into the bowels. A stimulus to the stomach, acting through the sympathetic, gives a fillip to the heart's action, the failing vital activity of the capillaries is restored, and all goes on well again; the circle of morbid action thus broken has little tendency to recommence, and the attack is cured. The case is very different, however, if there be no natural relief at this stage of the disease by purging. The most anxious oppression of the heart then comes on, and it may be heard in violent and convulsive action, as if churning the blood within it. There is no want of stimulus to its action here; on the contrary, at each repetition of a stimulant the tumultuous noise increases, and along with it the agony of the patient, who, bathed in ice cold perspiration, is tossing restlessly from side to side, and throwing up his arms. To open a vein now, while yet the congestive stage is on the increase, and succeed in getting the blood to flow until it changes from its first dark tarry condition that requires to be squeezed out, and regains the red fluid state that belongs to health, spouting freely from the orifice, is to achieve a triumph for medicine that has no parallel; for the cure is as perfect as it is immediate.

Supposing, however, that the patient has not been bled and saved at this critical period, the struggle continues, and very often in the course of eight hours the powers of life fail; the feet, hitherto intensely cold, become warm, and the patient dies. But this is an extreme case; for, in the majority, about the eighth hour after the commencement of the attack, the symptoms begin to become somewhat mitigated, and from the eighteenth to the twenty-fourth hour the patient, though not asleep, lies so tranquil as to appear to slumber. Suddenly, precisely at the expiration of the twenty-fourth hour, he sighs, tosses up his arms again, and in a few minutes is a second time in all the agony of suffocation. Now again an opportunity is offered to save the patient's life with the lancet; but it much more quickly passes away than in the first accession, and then bleeding will only hasten the end.

The great error in practising bleeding for the cure of cholera lies in waiting till the pulse becomes distinct. It has been observed that about eight hours after the commencement of the attack, symptoms begin to become mitigated, the pulse then becomes perceptible, and continues pretty steady. Let us mark the consequences of bleeding after this stage, which is that of attempted reaction, has recommenced. Twining unwittingly gives several examples of this, and also some cases in which he tried arteriotomy. These too well illustrate the effects of acting on a rule in ignorance of those principles of physiology on which the practice of bleeding in cholera and ague is founded. If, instead of bleeding while yet congestion is increasing, we draw blood about the twelfth hour when the pulse is somewhat steady, and the skin comparatively dry and warm, the consequences are most appalling; the blood flows, indeed, without any of the difficulty that would have been experienced in the first stage; but it does not do so long; it suddenly becomes black and tarry and stops, the ice-cold exudations again bathe the extremities and forehead, jactitation recommences, and nothing will then save the patient. In these cases of pure congestive cholera there can be no greater cruelty than to persist in employing stimulants and heat. It is remarkable that the congestive form which we have assumed to be the true type of algide cholera, when uncombined with any other malady, is now much less rarely met with in this country than was the case in 1832 and the four following years. In recapitulating its essential symptoms, it will be no departure from our expressed intention of confining ourselves in this paper to the endeavour to deduce the principles of treatment required in the various diseases classed under the head of cholera, if we venture somewhat dogmatically to lay down rules of practice in this case; for the *modus medendi* will no less illustrate the nature of the constitutional disturbance it is intended to remove or obviate than will the symptoms.

We recognise the case, then, by the peculiar colour and wet coldness of the extremities and brow, the cold breath, and the perfectly clean cold tongue; by the absence of odour in the dejections, if any, but more than all by that unmistakable symptom, the churning sound of the struggling heart, which once heard will never be forgotten. Our first duty in such a case is, with the utmost accuracy, to ascertain if possible the first moment of attack; and if it be *clearly ascertained* that not more than four hours have elapsed since the commencement, we should bleed at all hazards if the attack be severe; but if it be at all doubtful whether the attack have not lasted longer, we should not run the risk we have described as attendant on mistimed bleeding, but await a second opportunity some hours later, which we must endeavour to secure by the unremitting exhibition of quinine and sulphate of iron; say a grain of each dissolved in an ounce of water by the aid of sulphuric acid every quarter of an hour at first, and afterwards given at longer intervals. In the large majority of cases that set in with little or no purging, this treatment will cure always, provided that the feet have not become warm while the thighs and knees remain cold; for that is the invariable harbinger of death. If, however, a complete cure have not been effected, or at least such improvement as shows the danger to be past before the twentieth hour from the commencement of the attack, life or death will depend on the accuracy with which the hour of its first setting in has been estimated; for between the twentieth and the twenty-fourth hours is the period during which the lancet may be used with the greatest certainty of success. The blood will then flow more freely than it would have done in the first eight hours, or than it will do after the twenty-fourth hour, and there will be no danger of producing the collapse that attends phlebotomy between the eighth and eighteenth hour. It will sometimes bring on a regular shivering fit; but, if so, the patient is safe, for a full rigor is always evidence of commencing reaction. It ought to be a rule of practice to bleed only before the fourth hour or after the eighteenth in

congessive cholera.* In the other forms which set in with active diarrhœa, there is no object to be gained by bleeding—no congestion to relieve, and nothing but mischief can be caused by it.

To return now to the case in which purging accompanies the setting in of that derangement of the circulation which we called algide symptoms. The fluids passed or vomited are colourless and inodorous, like true rice-water; and the effect of these large liquid exudations from the vessels of the bowels is to effect a great reduction in the mass of blood driven in upon the abdominal viscera, and so to prevent those agonizing fits of dyspnœa, which are even more distressing than the cramps that often accompany the purging. It will be obvious to all who watch such a case attentively, that this kind of purging is very different from that which occurs in the kind of cholera that commences in putrid diarrhœa or dysentery; for it is an *exudation* of serum squeezed, as it were, out of the veins by the force of pressure, and is an effort of nature to afford relief to the congestion; whereas, in the other case, it is a wasting muco-serous *secretion*, with the production of which congestion has nothing to do. In these latter cases the cure of the purging is the cure of the disease, for that being effected, the algide symptoms disappear; but in the other the purging being the direct effect of the congestion, it can be cured only by overcoming that congestion. In short, the cure of pseudo, superimposed, or secondary cholera, is only effected by first curing the purging; whereas, in the true congestive or primary cholera, the *cholera* must be cured before the purging can be arrested. Space does not admit of the proof being gone into here, that cholera asphyxia is truly a quotidian intermittent; but an attentive study of the type of disease exhibited by the mass of patients at any of our larger Hospitals, will soon convince the most sceptical that every disease is in some degree altered in its symptoms when cholera is present or near, partaking more or less of a quotidian character. Our experience of many epidemics of cholera, both at home and abroad, has convinced us that its approach may always be predicted a considerable time before a "case" is reported, by the number of anomalous symptoms complained of by persons in a feeble state of health, all of which are referrible to derangement of the sympathetic system; and most of them present a quotidian intermittent type. The extreme prevalence of tic douloureux in times when cholera appears is well known. Among the numerous out-patients of a Hospital for a week perhaps, the majority complain of unwonted constipation; next week perhaps all are purging. But one of the most frequent complaints at such a time is that at a certain hour the hand and foot of one side goes to sleep, and remain numb or paralized for hours. Very often for two or three days in succession complete coma comes on for an hour or two, most commonly at midnight: violent palpitations of the heart are frequent; sudden deaths from spasm of the heart are unwontedly numerous. Cases of decided quotidian ague, a most rare complaint in this country, are not unfrequently met with; and one of the most distressing and even dangerous effects of this epidemic influence when cholera is approaching is, when it gives rise to incessant dry vomiting. The symptoms of this latter affection are so like those of a bilious attack, that we have most frequently found them treated with calomel and opium, which only aggravates the mischief. The cause is congestion of the splenic and gastric veins; and the most immediate relief is afforded by a grain or two of quinine and of sulphate of iron in solution.

The diagnostic signs which unite in one category, all these and other anomalous attacks, such as are seldom or never met with when cholera is not epidemic, or about to become so, are remarkable. In all there is a certain lividity of lips and nails, the small veins of the extremities are dark and contracted; and when a portion of one of them is emptied by pressure, so as to leave the space between the part compressed and the next valve empty, the blood is seen to move sluggishly and slowly on when the pressure is removed, instead of springing actively forward to fill the vacant space as in health. The tongue is in all unusually clean and pale, and almost invariably there is pain on pressure over the spleen; but the most remarkable fact is that all these various symptoms are effectually relieved by a few doses of the same medicine, the solution of quinine and sulphate of iron.

When we see the functions of so many various organs thus affected by what we have no better term for than that given to it by Sydenham, "the epidemic constitution of the air;" the brain causing coma; the spinal marrow producing temporary paraplegia or hemiplegia; the heart affected by palpitation or spasm; the capillaries disturbed in their actions of secretion, nutrition, and the evolution of animal heat; the bowels by diarrhœa or constipation; the kidneys by suppression or altered secretion; the nerves of motion by spasm or partial paralysis, and those of sensation by neuralgia, it is impossible not to marvel how one and the same cause could produce all these various effects. This becomes more especially striking when we see the greater number of these symptoms combined in a severe attack of primary cholera, and at the same time witness each of them occurring separately in different individuals. It would appear inevitable to conclude that whatever the exciting cause may be, the sympathetic system of nerves presents the only means by which it is possible for such various effects to be produced; for a single case, cured as described by bleeding, of itself affords ample proof that the cause is not proximately in the blood. If antimony produce vomiting, strychnine convulsions, nicotine the opposite condition of the muscles; if croton induce catharsis, opium constipation, and digitalis or aconite cessation of the heart's action, etc., only through the agency of the sympathetic, why should we hesitate to believe that similar effects resulting from an epidemic cause are produced through the same agency? The bearing of epidemic influence on the incessant changes that take place from month to month, and year to year, in the character of our most familiar maladies, and the proneness of certain organs to succumb to that influence at one time, and of others at another, is a subject we can now only venture to glance at as a great field for investigation; and one of infinite interest, if taken in connection with the operation of such causes upon the sympathetic system. For the present, all that could have been hoped for in this paper will have been effected, if it have afforded some confidence to the reader that the mystery of cholera is not past finding out.

The preceding sentence was intended to have concluded this paper, but the writer has since received the whole of the reports published by the general Board of Health, respecting the cholera epidemic of 1854, together with the report of the cholera outbreak in the parish of St. James's, Westminster, during the autumn of the same year.

The latter pamphlet cannot be too strongly recommended to the profession for the ability with which it is drawn up, and the clearness of the proofs adduced, that water contaminated with intestinal mucus (in a state of peculiar decomposition) may become a source of fatal (putrid) diarrhœa to those who drink it. At the same time the strong desire for truth rather than effect that has actuated "the Enquiry Committee," who have the merit of its authorship, is manifested by the pointed manner in which cases are instanced which it was impossible to trace to impure water, and which are classed as belonging to the general epidemic. Perhaps *we* might have called these cases of (originally) bilious diarrhœa. Page 32 of the report also contains an important remark; for it is there stated as "certainly true that in the cases occurring at the commencement of the great outburst, premonity diarrhœa was of short duration, or altogether absent;" that is to say of the true congestive type. In the reports of the Board of Health we look in vain for any information calculated to advance our knowledge of cholera as a disease. They contain papers of great research, detailing several series of valuable meteorological, chemical, and microscopical investigations of the atmosphere, water supplies, etc., of the metropolis, all which, if continued, will no doubt result in a very complete knowledge of the influences which combine in the production of that large class of diseases attributable to putrefactive elements in the air and water, which constitute the cachexiæ of large towns; but in so far as cholera is concerned, a very few words will express the whole of the information conveyed so scientifically, viz., that while the disease was at its worst, the weather was very close, and favourable to putrefaction. At page 18 of the report on the results of different methods of treatment pursued in the metropolis, it is stated that "in thirty-five cases the stages of simple and choleraic diarrhœa are reported as absent;" and in the supplemental report of treatment pursued in the provinces at page 10, ten cases are mentioned in which diarrhœa was reported to have been absent. This is the only notice which this remarkable and all-important fact receives throughout these volumes; and there does not appear to have existed in the minds of the medical council the shadow of a doubt that choleraic diarrhœa, without any algide symptoms, and algide symptoms without any diarrhœa, are the same disease, and to

* See this subject more fully discussed in two lectures on "Cholera and Ague". by Dr. Bell. (Prov. Med. and Surg. Journal of November and December, 1848.)

be judged by the same rule as respects their treatment. So, also, putrid diarrhœa, communicable by water, and bilious diarrhœa (or English cholera), widely as their sources, etiology, and *ratio medendi* differ, are riddled through the same sieve of interrogation with unmixed algide cholera; and from the general success or non-success attending the medication of the heap, composed of all three without distinction, it is attempted to deduce a rule of treatment applicable to all. To say more on this subject might be deemed presumptuous; but we believe that this attempt of the "Treatment Committee" of the medical council, to deal statistically with the materials submitted to them, will only be remembered as a failure.

There is yet one point more we would shortly advert to in connection with these reports, viz., the desire expressed for more information respecting the treatment of the consecutive fever of cholera. We would suggest that it must needs be extremely difficult to collect statistics of any real value on such a subject, unless, along with the enquiries issued, certain principles be stated, which it is desirable to prove or disprove, by the investigation. If it be true as we have indicated, that cholera is in its essence a congestive disease of quotidian type, then is it only one degree removed from remittent fever; and of this type consequently will be its consecutive fever. Such has always been the case within our own observation; and from long and varied experience we may venture to assert, that wherever cholera is present, or in the neighbourhood, every kind of fever partakes more or less of the quotidian congestive type of remittent fever: witness especially the congestive scarlatina of late years, and the black-tongued typhoid. We would add that we have invariably found mercurials aggravate the congestive character of all these fevers; while salines, combined with minute doses of quinine and sulphate of iron, in general fulfil satisfactorily every indication.

Should the attempt to investigate statistically the best plan of treatment ever be renewed, we shall hope to see a decided line drawn between diarrhœa and cholera, and between those cases in which the algide symptoms are primary, and those in which they are consecutive or superimposed.

Lectures

ON CERTAIN VIEWS ON THE NATURE AND TREATMENT OF PHTHISIS PULMONALIS.

DELIVERED AT THE

BROMPTON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, IN THE SUMMER OF 1856.

By Edward Smith, M.D., LL.B., B.A., Licentiate of the Royal College of Physicians; Assistant-Physician to the Hospital, etc.

Lecture III.

TREATMENT FOR THE ARREST OF THE DISEASE; DIRECTLY, BY VOLUNTARY DISTENSION OF THE AIR-VESICLES; AND INDIRECTLY THROUGH THE GENERAL SYSTEM. EFFECT OF SLEEP, FOOD, TEMPERATURE, TONICS, COLD BATHING, AND ATHLETIC EXERCISES.

In the last, and also in a part of the first lecture, we were occupied with the consideration of the two great processes whereby life and health are maintained, and with which both health and disease must be connected, viz., alimentation and aeration, as causative of phthisis. We arrived at the conclusion that alimentation is not at fault, since the quantity of food taken is equal to that in health; the digestion is good, and the waste of material is not greater than in health: and hence we believed that that subject might in future be altogether excluded from the inquiry. In reference to aeration, we found a marked diminution in that process as a condition both anterior and subsequent to the deposition of tubercle, and ascribed it essentially to a lessened action of the air-vesicles of the lung, originating in themselves, or conjoined with an atonic condition of the general nervous system; and we proved that all the circumstances considered as causative of phthisis are of a depressing nature. The influence of age and sex was shown to be rather that of the circumstances attending the patient, than any peculiarity of organisation dependent upon them. This condition, it was believed, was always anterior to the deposition of tubercle, and ought to be considered as the first stage of phthisis. The deposition of tubercle was accounted for by regarding the inactive cell as a proper nidus for diseased material, and the tubercle as a degeneration of a natural occupant of the cell, or the epithelial scales. The extension of it was believed to be due both to the severity and extent of the first causes, and also to the pressure mechanically produced on the adjoining cells by the deposited tubercle. We now proceed to make some deductions from the preceding inquiry, in reference to the treatment of the disease.

The plan of treatment which I venture to recommend is based upon the view which I take of the essential nature of the disease; the latter being a diminution in the action of the air-vesicles of the lung, and the treatment consisting in the increase of that action. Whatever may be the various modes by which the disease is to be combated, it appears to me that this leading idea must be kept in view, and that all other objects are to be considered as second and subservient to it. It is not my plan to enter upon the whole subject of the treatment of phthisis, but to select such parts as have reference to this theory and to my own investigations. The treatment will naturally divide itself into two parts: 1. The arrest of the disease; and 2. The removal of the effects of the disease.

1. *Arrest of the Disease.* This treatment is applicable to every stage, but manifestly much more to the early than to the later stages. It is not too early to apply it before there is any evidence of tubercular deposition; for, as there is a condition anterior to the deposition, upon which the subsequent deposition depended, it is surely of the highest moment to direct our attention to that early period. I think it a serious mistake to so far limit our view of phthisis as to consider it to begin when tubercle is first deposited; for by so doing we have permitted a period to pass over when the difficulty of arresting the disease is comparatively little, and have allowed our patient to pass into a state which is so often irremediable. Whenever, then, there is lessened respiratory murmur at the apex of the lung, with shorter and more feeble inspiration, and, as a consequence, some degree of flattening above or directly below the clavicles, it is high time to apply our remedial measures. It is probable that even then, and before any tubercle is deposited, there will be found diminished resonance on percussion; but this will be due to the absence of the air which should cause the resonance, and not to the deposition of any substance foreign to, or of a denser nature than, the lung tissue. This slightly lessened resonance may readily escape the notice of those whose ears have been practised only in the flat sounds which indicate the total absence of air and the presence of a dense material; and, moreover, as the term dulness is a relative one, it is necessary that the examiner should be able readily to appreciate the sound in health. This I conceive to be less frequently attained than we are led to imagine; for the pupil is taught auscultation almost exclusively on the diseased, and not on the healthy chest; and, further, of those patients who are not suffering from apparent chest-disease, a large proportion have the lessened vesicular murmur to which attention is now directed. Hence there are two sources of fallacy, viz., the frequency of lessened resonance in persons apparently healthy, and the inability to detect slight variations in the degree of resonance. To this may probably be added a physical incompetency in some persons; for nothing is more certain than that the keenness of all the senses, and consequently of hearing, varies much in different individuals. I have ventured to make these remarks, both because I have seen errors made, and because errors may easily be made; and it is of importance to give close and careful attention to the character of the resonance. Whenever, then, there is the slightest dulness on percussion, with lessened vesicular murmur, less forcible and deep inspiration, and flattening of the apex of the lung, there is probably the first condition of phthisis, and the stage anterior to the deposit of tubercle: and, since the only change existing is atrophy with lessened use of the air-vesicles, it is manifest that the arrest of the disease may be more readily effected, than when it is complicated by the addition of further adverse conditions.

It is, however, probable that the tendency to the filling up of the effete cells exists coincidently with the diminution of vital action in those cells; but a period must elapse before the vesicles can be filled with any substance, and much more with so resisting a material as the tubercle which is evident to the naked eye; and still more so, as it is probable that the tubercle is a result of the degeneration of the accumulated natural product—the epithelial scales. How long this period may be, we cannot tell; but, from the length of time during which persons appear to be prone to, without actually falling into, phthisis, we may infer that it is commonly long. That must, however, depend much upon the intensity of the causes which

induced the atrophy of the cells, the power of resistance existing in the constitution, and the circumstances in which the individual is placed; but it is fair to infer that the duration of the disease before tubercle is deposited so largely as to be unmistakably present, is long enough to permit of the use of remedies.

Now, are there grounds for believing that the deposit of tubercle interferes materially with the rapidity of the progress of the case; and hence that the deposition adds seriously to the gravity of the case? I think that there are grounds for this belief; for it would accord with all experience that the duration of the case after tubercle is cognisable is far less than that of the evident proneness to phthisis which is truly the condition prior to tubercle. Tubercle may undoubtedly remain in the lungs for many years, and not induce any evident disposition to its increase; but, notwithstanding the almost universality of this deposit, such is not its ordinary state. I have no doubt but that, as a rule, when tubercle is really deposited, it promotes in an increasing ratio the liability to further deposits; and not merely that it is coincident with a state of things which induced this increasing tendency to further deposition. It is in itself a cause of further deposit. The proof of this, I think, is found in the greater rapidity of the progress after tubercle is manifested: and the explanation is in the pressure which the distended cells and lobules exercise upon the adjoining lobules, and consequently the interruption to the action of the air-vesicles which is thus induced. Thus, to the general cause inducing the atrophy of the cells, must now be added the ever present and acting one of a local kind. As the tubercle is deposited in various parts at the same period, so will this local action, *cæteris paribus*, be more or less effective for the rapidity of the progress of the phthisis.

Now, so far we may assume that a large portion of the lung is competent for its duty, and that the general system has not greatly suffered from the reaction of the disease, however much it may be injured by or with the condition which first gave rise to the earliest conditions of phthisis. The attempts at arrest may hence have a more single aim than could be the case at a later period, and the hope of success be so much the greater.

What, then, are the plans of treatment which seem the most fitted to bring about this end? The theory propounded is, that the disease essentially consists in the lessened action of the air-vesicles, and that it is commonly due to anterior conditions of the general system of a depressing nature. These general conditions are in part, probably, certain atonic states of the nerves of organic life, and more particularly of the sets of those nerves and of the communicating branches of the cerebro-spinal system which preside over the involuntary and also the voluntary action of the lungs. Hence the remedy would be some direct mode of preventing the further decrease of action and the closure of the cells, as well also as the indirect one of action upon the general system. Hitherto the latter has been the one more commonly practised (although not on the theory referred to), and it has the merit of being based upon good physiological reasoning; but, as we too constantly prove, its action is too slow to be usually efficacious, and consequently it is uncertain and often ineffective.

a. The *direct mode* to which I refer is that of mechanical distension of the air-cells to a degree beyond that which takes place perhaps in health, but certainly in the state of enfeebled respiration in which we find the patient. This may be effected by bodily exertion, which tends directly to increase the frequency and the depth of inspiration; and, as this mode is so consonant with our knowledge of the laws whereby health is maintained, no objection will be urged to it. But to my mind there is the objection that, in phthisis, whether before the manifest deposition of tubercle, or afterwards in the early stages of the disease, the pulse is frequent proportionately to the respiration; so that the respiration is to the pulse, not as 1 to 4, but as 1 to 5, 6, or 8. I have paid much attention to this matter in a long inquiry which I have prosecuted at this hospital, and am assured that, in the early stage of phthisis, the proportion of the two functions is commonly reduced. Now, the pulsation is at least frequent enough, and it is not uncommonly too frequent; and hence we do not need to apply any remedies which may increase the rapidity of the blood-current. But exercise of body, and even the sitting and standing postures, do increase the blood-motion; and, although they at the same time increase the rapidity of breathing, they do it in a less ratio than the former. Whilst, therefore, bodily exertion may be useful, and is indeed necessary in giving more rapidity and depth to the inspiratory effort, it is not an unmixed good. But we must not forget that the quiet motion of the body, which is now said to be bodily exercise, does not excite the depth of inspiration sufficiently for our purpose; and it is only when it becomes so great as is needful in athletic exercises that the desired result is attained. Hence the directions which we commonly give are of little avail, although the tendency of them is right. Yet, with the violent bodily exertion referred to, the rapidity of the blood-current is greatly increased, and at the same time there is a proportionate diminution in the deposition of material in the tissues, and in the due action of the air upon the blood in the lungs. Thus lessened growth of body occurs, with, at the same time, less vigour of vital processes, and a waste of material through the eliminating organs. This must result when the body is in health; but then the temporary evil is either easily borne, or is compensated by good; but when, in phthisis, at least in the tubercular stages, we find a tendency to a constant rapidity of current, and consequently to lessened growth of tissues, we must attach a greater degree of importance to it. The effect of much exercise in phthisis is, therefore, evil certainly, although, at the same time, it may be, but less certainly, good.

Now, is it possible to meet this difficulty, and to find a mode whereby the depth of the inspiratory act shall be increased, and yet the rapidity of the blood-current not sensibly promoted? Perhaps not, in the fullest sense of the inquiry; but I think it may in a limited yet important sense. I refer to voluntary attempts at deep inspiration. This cannot be continually effected, since volition cannot be at all times directed to that end; and if it could, the very act would fatigue the system; but it may be for a limited period at a time: and the very instruction thus given, if properly explained, will induce the patient to guard against that shallow respiration which is so constant a feature of the complaint. Thus the mind would be directed to an object of value; the spirits would be excited by hope; and the evils attending a listless and enfeebled habit of respiration would be in some degree guarded against. This object is doubtless attempted when the patient is directed to use calisthenic exercises, as the use of the dumb-bells; and there cannot be a doubt that the vigorous employment of such means may excite inspiration. But it is one thing to throw the arms about, and another to make that conducive to the deep inspiration. We must admit that, whilst the object is good, the practice has commonly defeated the object, and that perhaps in a great degree from the want of knowledge on the part of the patient to enable him to make his efforts efficient. Moreover, I am not clear but that sometimes, and perhaps frequently, the effort now referred to lessens the frequency, and without increasing the depth, of inspiration; for nothing is more common than for us to hold our breath when making any unusual voluntary exertion.

I think that nothing less than direct voluntary attempts to breathe deeply would effect the object which we have in view; and even this is certain to fail unless it be carefully effected. The seat of mischief is chiefly in the upper lobe and the apex of that lobe. Now, if we take an ordinary inspiration, we find that the expansion of the chest is disproportionally greater in the lower than in the upper half of the chest; and when the respiration is unusually feeble, this disproportion is so much the greater that scarcely any breath-motion may be detected under the clavicles. But, on deep inspiration, the first sensation of fulness is at the base of the lungs; and that sensation gradually rises as the depth of the effort increases, until, at the very end of the deepest inspiration, the sensation is felt at the apex. This may be readily proved by any one who will take the trouble to try it carefully upon himself. Now, in this very fact lies the difficulty of the matter. It is almost impossible to persuade a phthisical patient to take an inspiration of the depth referred to; for his habitual shallowness of effort induces him to consider *that* a deep inspiration, in which the lung is by no means fully distended. It is my habit to show the mode and the required depth by my own inspiration, and to inform them that it is only the *very end* of the deep inspiration which is of service to them. Our aim should therefore be to have the deepest inspiration performed as often as we think right, with a view of thus preventing the process of closure, which is, in my belief, the mode of action of the disease. If there were not a serious objection to the introduction of any instrument as a part of medical treatment, I should advise the employment of a spirometer, which would measure the amount of air inspired; and this, whilst engaging the patient's attention, would enable him to regulate his voluntary efforts, and to ascertain the result. I have several in use; and, after a repeated employment of them in determining the amount of vital capacity at various periods, the patients have expressed much gratification in the

assurance that they felt much better from this forcible attempt to inspire deeply.

I fear that this may be thought too mechanical a plan of treatment; but I beg to observe, that the very existence of the air-cells themselves is in part due to the mechanical introduction of air within them. There are no developed air-cells in uterine existence; and even during the first early period of extra-uterine life they are so slightly developed as to be said not to exist at all. When the air is first admitted into the bronchi, there are no true cells such as may be found in later life; and the period of their development is that of breathing, and their maturity is due to the continuance of the effort. Thus the development of the air-cells may be said to be due to the mechanical agency of inspiration. Moreover, we know how greatly the depth of inspiration is due to volition, to the thousand necessary occurrences of daily life, and to the effect of other diseases; and we admit at once that the effort of inspiration varies under these several conditions. Hence it is not unphysiological to direct an effort to make the act of inspiration perfect (as we daily do to render the digestion of food perfect), and to keep in a due state of distension, or to increase the existing degree of distension, of the air-cells of the lung.

I do not know if any difficulty would present itself to any mind in reference to the limitation of the lessened action, or of collapse to isolated small portions of the lungs, as is believed to exist on this theory. Perhaps it is more easy to understand how the whole organ may be influenced, rather than a part of it; but, in addition to the special disposition which must exist in the upper lobe, and especially of the apex, from the direction and depth of the air-current in inspiration, I may refer to the fact that the atelectasis of the newly born is always partial, and may be even limited to one or to several isolated and separated lobules. Hence it may be said to act only on individual cells, and is a fair illustration of that which is believed to exist in the earliest stage of phthisis. The one is not more difficult of belief than the other.

To show that voluntary inspiration not only may, but has been defended on physiological grounds, I would refer to a remark made by Lehmann, vol. iii, p. 382. In reference to excretion of carbonic acid largely, he says: "We may perhaps aid a tuberculous patient quite as much by recommending him to respire warm moist air, as if we prescribed lichen or cod-liver oil. Instead of tormenting an emphysematous patient suffering from congestion, and of hæmorrhoidal tendencies, with aperients and saline mineral waters, we might relieve him far more effectually by recommending him to practise artificial augmentation or expansion of the chest in respiration (filling the lungs several times in the course of an hour), or to take exercise suited to produce this result; while we should forbid the use of spirituous drinks, and not prescribe tinctures, which might hinder the necessary excretion of carbonic acid."

In advising this course, I do not for a moment refer to any increased chemical influence which the increased volume of air may or may not have upon the blood; neither do I make use of the theory that, by this means, we effect pressure upon tubercle, and promote its absorption; I only claim for it, that it will tend to prevent the decay and the closure of the cells from inaction, and thus prevent the further deposition of tubercle in cells which are not already rendered useless by or with it. But it is fair to infer that there must be by this means a more complete renewal of the residual air, and thereby a further benefit be obtained. It may, however, be proper for me to refer to the experiments of Vierordt in reference to the influence of voluntary respiration in promoting the evolution of carbonic acid. He ascertained that the more frequent the respiration, the less per centage of carbonic acid was evolved; but, as the total quantity of air taken into the lungs was increased by an increased number of inspirations of an uniform depth, the total quantity of carbonic acid evolved in a given time was greater than with fewer inspirations. Thus—

With 12 inspirations per minute, 13½ cubic ins. were evolved.
" 24 " " 24·2 " "
" 48 " " 42·5 " "

And, in reference to variation of depth, the frequency being constant, he proved that, with an inspiration twice as deep, the quantity of gas evolved was the same as when the inspirations were three times as frequent, the depth then being constant. Thus the objection which is so commonly raised to voluntary attempts to respire, viz., that it does not increase the vital force, is incorrect; for, in practice, we are not concerned with the percentage evolution of carbonic acid, but with the total evolution in a given period.

The reason for the large increase in the amount evolved by an inspiration simply twice as deep as an ordinary one, is, that the air in the air-cells is richer in carbonic acid than that in the minute bronchial tubes, in the proportion of 5 to 3; and hence, as a deeper inspiration causes more movement in and exchange of the residual air, the air-cells must lose a larger quantity of the products of respiration. Hence the remedial influence of deep voluntary inspiration is both mechanical and chemical.

The effort now recommended may weary the patient; and hence I have thought it enough if the patient thus deeply, slowly, and gently respire for five minutes at a time, and on three or four occasions in the day, at the same time explaining the object, and recommending him to avoid shallow breathing in his ordinary respiration. Thus fatigue is avoided, and yet probably the effect is obtained.

It is, however, essential to the success of this plan that it should be fairly carried out: and if, from other causes, no success results, I do not know of any mischief which could possibly arise from this. Success will of course be dependent upon many causes, and hence neither this nor any other single plan of treatment can be exclusively relied upon. It has, however, this merit, that it is of almost universal application, has evidently a tendency to improve the health, and cannot do harm. When there is no tubercle deposited, I am of opinion that the plan, if fairly carried out, can hardly be inefficacious; but, in the last stage of phthisis, the possibility of arresting the disease by any means is very small.

b. Indirect means. In these also the aim should be to increase the respiratory function; and there are several which may be proved to exert this influence. In the investigations at this hospital to which I have already referred, several of these influences were under consideration; but the results of the inquiry were as to the frequency, and not as to the depth of respiration. It is to the latter that I wish to direct attention more particularly; and for that purpose I shall detail the results both of that inquiry and of one on the depth of ordinary inspiration now in progress.

Sleep was the most powerful cause of increased frequency of respiration in this disease, contrary to the occurrence in health. Thus I found that a sudden increase of eight or ten respirations per minute occurred from sleep, with a corresponding decrease on again waking; but the amount of the increase depended apparently on the soundness of the sleep, and consequently it varied with the hour of the night. As a rule, it was the greatest in the first hours of sleep; but, in instances of second sleep, it was as great at 6 or 7 A.M. as at 11 P.M., although in the interval the frequency was greatly diminished. A similar increase occurred in the occasional hours of day sleep; and hence it appears that the cultivation of sleep in many phthisical patients would greatly tend to increase the amount of respiration. This influence has also the great merit of not increasing the pulsation; for the rule was, that sleep lowered the pulse and increased the breathing. Its employment, therefore, is much to be commended.

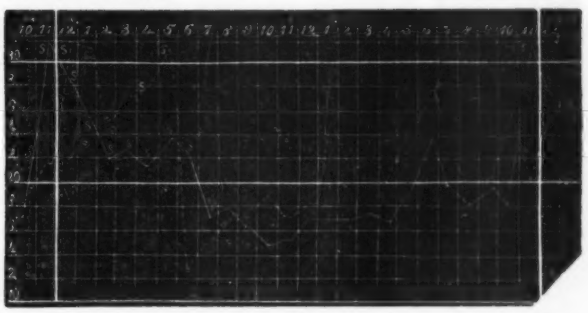

Fig. 1.—This diagram represents the rate of respiration in each of twenty-eight consecutive hours in two patients, male and female, in the Hospital for Consumption, etc., at Brompton. The hours are placed at the top, and the scale of rate at the side of the diagram. Each column therefore records one hour; and where the letter S. is placed, it signifies that the patient was then asleep, and ½ S. signifies half asleep. It is thus seen that in both cases the rate increased greatly with the first hours of sleep (11 and 12 P.M.), and in both it then fell. But the case represented by the dotted line had a further increase at 5 A.M., shewing the influence of second sleep. In the latter case more particularly there was a great fall in the rate with the first waking hour of the morning (6 A.M). Throughout the day, the rate was much lower than during the night, and especially before meals. (Extracted from Medico-Chirurgical Transactions, 1856.)

Early retiring to rest, and consequently *early rising*, are of great moment. As the evening advances, both the functions of respiration and pulsation are greatly reduced; and hence any

bodily or mental exertion, or even mere consciousness, must be attended with unusual wear and tear. In the morning, after a long night's rest, the respiration has greatly fallen, and then attains the minimum of the whole twenty-four hours; and hence the stimulating influences of food, exercise, and excitement are then imperatively called for.

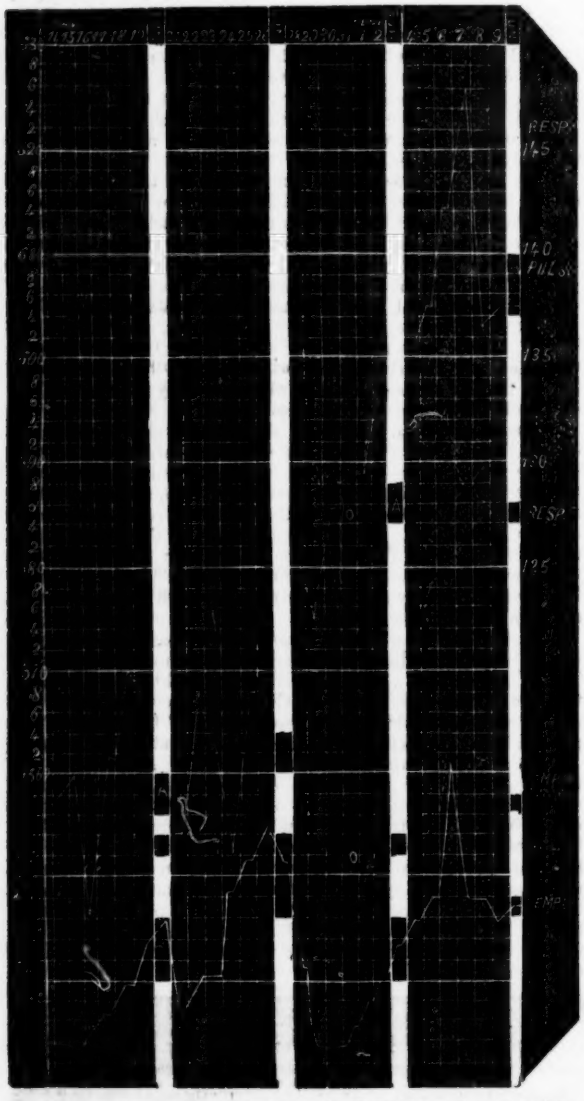

Fig. 2.—This diagram represents the resultof 3,000 observations on twelve phthisical patients in the hospital on each day (except Sunday) for one month, in May and June; and shews the relation of the rate of pulsation and respiration to temperature. The lower line (temp. ext.) records the average daily temperature at Greenwich. The second line (temp. int.) records the same fact as observed in the hospital wards. The third line (puls.) gives the average daily return of the rate of pulsation *in the three postures combined*; and hence to obtain the average, it is needful to divide the recorded quantities by three. The fourth line (resp.) indicates the same facts in relation to respiration; but as the totals of the three postures, and at two periods of the day, are given in order to shew the variations more perfectly, the totals must be divided by six. The column for the Sunday is used to represent the averages of the preceding week as it respects pulsation and internal temperature. On comparing the course of the lines of pulsation and respiration with that of temperature, it will be seen that as the temperature rose the pulsation rose and the respiration fell; and in three of the four weeks the returns of Monday were the reverse of those of the Saturday. (Extracted from Brit. and For. Med. Chirurg. Review, April and July, 1856.)

Food also powerfully excites respiration; and, although it at the same time excites pulsation, it acts upon the former in a greater ratio. The effect is, however, temporary; and hence frequent meals must be indicated. With regard to the kind of food which excites respiration the most, it appears that tea or coffee is the most powerful; but animal food is also extremely efficacious. The administration of food, therefore, in the hours preceding the night sleep, is very valuable, as also in the early morning; for at the latter, and then at the former periods, the frequency is at or near the maximum.*

The effect of increased *temperature* of the air is to lessen the frequency of respiration as the heat increases; and the same is also true of the influence of *dryness* of the air. Vierordt's inquiries are again *à propos* to our subject; for he ascertained that both increased temperature and dryness of the air lessened the amount of carbonic acid evolved; whilst, in a moist atmosphere and a moderate temperature, the evolution was at its maximum. Hence a moderately cool and moist atmosphere is the most beneficial in phthisis, and is a most important desideratum in institutions such as this, in which an attempt is made to obtain uniformity of temperature by artificial means. In the inquiries before referred to, I investigated both these circumstances with care, and found that it was almost impossible to obtain an atmosphere sufficiently moist when it was subject to artificial heat. The difference between the dry and wet bulb thermometers indicated the same degree of *moisture* as that which was manifested in the external temperature on the average of the whole quarter, but a much less degree than was at that time contained in the external air. This also, both within and without a hospital, must be influenced by the season of the year. Both of the former conditions, viz., *high* temperature and dryness, also induce more frequent pulsation—a circumstance which adds to their evil influence. (See diagram opposite.)

A fair flow of spirits, and moderate excitement of both mind and body, must doubtless increase respiration; and hence variety of scenery and changes of a pleasant character must be proper.

The influence of *posture* of body over the respiration may be well seen by the following results of an investigation in which the lying posture succeeded to the standing, and that again was succeeded by the standing. After *standing* upwards of an hour, the respirations were—

	No.	Cubic in. each.	Cub. in. per min.
Standing . . .	19·4	20·3	395
Lying	16·	19·5	312½
Standing . . .	18·8	19·2	361

So that the standing posture increases the frequency of respiration, and the quantity of air admitted into the lungs; the depth remaining much the same. Very gentle exercise, such as could be obtained by walking to and fro for a few feet, had marked influence. Thus, as to the period when all influences are less potent, the respirations were—

	No.	Cubic in. each.	Cub. in. per min
Sitting	17·2	27·3	470
Standing . . .	16·6	29·1	484
Walking . . .	17·3	36·	625

And in another case, the quantity per minute was—

Sitting, 470; standing, 471; and walking, 612 and 640.

Thus the effect of this gentle exercise was to increase the quantity of inspired air fully one-third more than the quantity breathed in the standing posture, and also to increase the depth or extent of inspiration. The quantity of air inspired differs however according to the rate of walking; and at the rate of four miles per hour, the quantity is about 2,000 cubic inches per minute.

In reference to the influence of medicinal agents, I think there is reason to believe that tonics of every kind act in the mode under discussion. It is quite certain that their tendency

* On a large average in both sexes in phthisis, I found that the frequency of respiration was increased by breakfast 1½, by dinner 3, and by tea 2½ respirations per minute.

The effect on myself from one cup of tea on an empty stomach was to increase the respiration as follows:—

	No.	Cub. in. each.	Cub. in. per hour.
Before the tea.....	18·5	21·2	393·5
After (maximum within 55 min.) ..	20·6	21·9	434·

That of a moderate dinner at 6 P.M. was—

	No.	Cub. in. each.	Cub. in. per min.
Before dinner.....	16·8	23·	387·
After (maximum within 90 min.) ..	21·6	22·3	456·

Thus in health, although the quantity of air introduced with each inspiration is not increased, but rather lessened, by food, the frequency of respiration and the total quantity of air inspired per minute, are greatly increased. *Wine* has a contrary result, for although it may slightly perhaps increase the frequency of respiration, it lessens the quantity of air inspired; so that in my own case, at 5½ P.M., after a fast of four hours, one glass of pale sherry reduced the quantity within twenty-eight minutes from 23 to 20 cubic inches per inpiration, and from 442 to 402 cubic inches per minute, or a reduction within a few minutes of one-eighth of the total volume. Should these results be confirmed by the further investigations now in progress, it would raise a very serious question as to the propriety of administering such fluids in phthisis: but it has long been known that spirituous liquors decrease the quantity of carbonic acid evolved, a circumstance opposed to their employment in this disease.

is to improve the health by giving more strength to the system; and since, as the health improves, the ratio between the pulse and breathing is increased, without any great change in the rate of pulsation, it is fair to infer that the increased ratio is due to the increase of the rate of respiration.

The employment of *cold baths*, properly administered, is doubtless of use, by causing deeper inspirations; for we all know that this is the ordinary effect of the sudden application of cold. It is, however, essential that the application should not occupy too much time, lest the continued exposure should lower the temperature of the body considerably, and with it the nervous power; and thus induce a state of exhaustion which the application was intended to avert. It is, therefore, needful that the patient should be limited to one or two plunges, or to a rapid sponging of the whole body.+

Such, then, are some of the most powerful positive means within our reach for the arrest of phthisis; and they may be summed up in the following sentence:—Forced inspirations, out of door exercise, good and frequent food, sleep, early rising and retiring to rest, cool moist air, cold washing, moderate excitement of the mind, and medicinal tonics. There is also another, which may rather be considered a prophylactic of phthisis, and which, in my opinion, is of far greater value than the community at the present day admit; viz., athletic exercises, and country sports and games. One of the greatest evils attending upon the state of society at the present day is the entire absence of this healthful, yet more or less severe bodily and mental recreation. The attempts to lessen this want by encouraging country rambles is valuable, by enticing the individual from impure into pure air, by lightening his mind of pressing cares, and inspiriting him by the sight of new scenes and objects; but it fails in the want of the rough athletic sports of former days, which directly increased the depth of respiration, and also in the very rarity of its occurrence. It appears to me that we cannot duly appreciate the prophylactic power of such amusements and exercises as were practised constantly by our forefathers, and that in the present day we can offer no efficient substitute for them. Now, without entering more fully into this question, if they may fairly be regarded as conducive to health, they would be preventive of phthisis; and if preventive, then they would be of service in the early stage of the disease. The encouragement of such exercises as cricket, ball-playing, and rackets, for males, and the skipping-rope and hoop for females, cannot fail to be a step, however small, in the right direction.

The negative means to be employed for the end proposed are doubtless as important as the positive ones just described; for we thus strive for the absence of those very influences which, when present, gave rise to the disease. I need not enter into this part of the subject with any minuteness, and shall therefore simply enumerate them. Such are the prevention of abuse of the body, as by excessive repletion, whether by solids or intoxicating fluids; by sexual excesses and masturbation; by too long continued labour; by the absence of impure, hot, and dry air; great anxiety; undue exposure to cold, and any other depressing cause; also by the correction of indolence of body and mind, and the due supply of nutriment in quality, quantity, and frequency; with the correction of functional derangement of the alimentary and excretory organs. The removal of these and similar conditions must be at least concomitant with the employment of the more positive agencies before described; but, as so many of them are inextricably mingled with the necessities or the vices of mankind, it must be that their influence upon society in the production of phthisis can never be eradicated. To these must also be added another, and that perhaps the most widely spread and the least remediable of all these agencies; viz., the defective system handed down from father and mother to child—the result of accumulating vices of life, and of injudicious marriages. With all these circumstances opposed to the physician, one cannot wonder at both the frequency and the pertinacity of the disease; and so long as mankind are exposed, or do expose themselves, to the action of so many depressing agencies, so long must the vital energies be reduced in vigour, and the lungs, from their very structure, be the most constantly subjected to the results of deficient respiration.

+ As evidence of the precise effect on the inspiration, etc., in health due to cold bathing I offer the following results, from an experiment made upon myself:—

	No. of resp. in a minute.	Cub. inches evolved in each resp.	Cub. inches per minute.	Pulse.	Temperature of Breath.	Temperature of Air.
At 10.18 P.M., 4¾ hours after dinner, 2 hours after coffee, while sitting by the bath	14·6	31·4	459	77	—	61·5
During first five minutes after complete and quiet immersion in water at 62°	16·2	33·8	542	80	5·5	61·5
Twenty-six minutes after immersion, with sensation of great cold and shivering	20·2	37·8	764	76	6·	61·5
After lying in bed 40 minutes, and still feeling very cold	15	27·6	415	69	5·	64
I then took a glass of moderately warm weak brandy and water; and in 50 minutes after leaving the bath	14·4	27·8	401	76	4·5	64
In ten minutes later, still feeling very cold, although buried in blankets	14·8	27·5	407	74	3·75	64

For some hours afterwards, I was unable to feel warm. Thus the effects were most remarkable in increasing the frequency of respiration and the quantity of air inspired per minute, and in lowering the temperature of the breath and that of the body to an extent probably very injurious to health.

Reviews and Notices.

ON POISONING BY STRYCHNIA; with Comments on the Medical Evidence given at the Trial of William Palmer for the Murder of John Parsons Cook. By ALFRED S. TAYLOR, M.D., F.R.S., Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. pp. 152. London: Longmans. 1856.

THE trial of William Palmer must ever hold a prominent position among the *causes célèbres* of medical jurisprudence; not as a triumph of chemical skill, for chemistry, whatever may be said, proved nothing on either side; but as opening the question whether pathological symptoms can be justly taken as evidence of poisoning, in the absence of the positive proofs which an examination in the laboratory might be expected to afford. The excitement attendant on the progress of the case having in a great degree passed away, scientific men are now in a position to examine the question carefully, and to determine more accurately how far the modes of chemical analysis with which we are acquainted, are sufficient for the detection of poisons, and how far we must be content, in some cases, to recognise as our only guide the evidence presented by symptoms. To declare his opinion on these points, with special regard to strychnia, is the object which Dr. TAYLOR has in view.

After giving an outline of the circumstances connected with the death of Cook, Dr. Taylor proceeds to examine in order certain prominent questions contested at the trial. In support of his opinions on each question, he brings forward a large amount of authority, bearing both on the general subject and on the particular instance. This is indeed required in writing on a subject so full of doubts; and especially it is incumbent on Dr. Taylor, for the sake of science and justice, as well as for his own justification, to prove the correctness of his views by reference to the evidence afforded by other cases than the immediate subject of his remarks.

The first question which Dr. Taylor takes for consideration is:—

Were the symptoms and appearances in the case of Cook caused by strychnia, or might they have arisen from some natural disease?

This inquiry, it will be seen, is capable of being resolved into two parts; *first*, whether the symptoms and *post mortem* appearances were such as are commonly known to attend strychnia poisoning; *second*, whether, supposing this to be the case, they might not so closely resemble those of natural disease as to be undistinguishable?

With regard to the first part of the inquiry, Dr. Taylor adduces the evidence afforded by three undoubted cases of poisoning by strychnine; and, comparing them with the case of Cook, he infers that the symptoms were sufficiently alike to justify the opinion that they arose from a similar cause. In

arriving at his conclusions, he mainly confines himself to cases observed in the human subject, being of opinion that the same poison may affect man and animals differently in some respects; and this *quasi*-rejection of the evidence afforded by experiments on animals is a prominent feature in his essay. Still, we opine, the failure in the evidence from experiments on animals arises rather from all the accessory circumstances not being parallel, than from essential differences. Thus, Dr. Taylor himself, in speaking of the alleged distinction sought to be derived from the great sensitiveness observed in animals poisoned with strychnia and the toleration of rubbing observed in the human subject, quotes some expressions of Drs. Lawrie and Cowan of Glasgow, which in fact reconcile the apparent differences. These gentlemen say:—

"It is the sudden first impression on touch, and not the *continuous pressure*, which causes the shock and the renewal of the spasm. We have uniformly found that rubbing any part of the surface in dogs does not cause spasm; and that, so far as we could judge, rubbing or scratching their necks was agreeable to them."

Another objection to the theory that Cook had taken strychnia, was that he had vomited; which, it was alleged, could not occur in poisoning by strychnia. Of this objection Dr. Taylor disposes by adducing four cases of known strychnia poisoning in man, in which vomiting occurred.

It was also objected, that the length of time which intervened in Cook's case before symptoms came on were inconsistent with poisoning by strychnia. On this point, the evidence in well observed cases in the human subject shews distinctly, that the period of first accession of the symptoms may vary from an hour to two hours and a half, or even longer. On the other hand, there can be no doubt that the symptoms may appear at a much earlier period; and this will be evident on reference to a table of cases of poisoning by strychnia, published at p. 78 of Dr. Taylor's essay. Sixteen cases are given, of which some clue as to the first notice of symptoms is afforded in twelve, which may be thus arranged:—

Above one hour	2
Forty-five minutes	1
Thirty minutes	1
Twenty minutes	3
Fifteen minutes	2
Five to ten minutes	1
Less than five minutes	1
"Soon"	1

In experiments on animals, the time was stated at the trial to vary from two to forty-five minutes; but Drs. Taylor and Rees have found no symptoms to appear for an hour and three quarters; and some cases have been communicated to Dr. Taylor in which the symptoms were delayed for five or six hours. In respect to time, then, there does not seem to be any great difference between animals and man; and to both may be applied the observation made by Dr. Taylor with regard to animals: "In fact, it generally depends on the dose, on the rate of absorption, on the mode in which the poison is given, and on other circumstances." In regard to the special case under consideration, although the majority of the cases which we have tabulated above shew that strychnia is generally more rapid in its effects, yet, as there is in some distinct evidence of delay of the symptoms, Dr. Taylor is correct in drawing the negative inference "that there was not the slightest justification for the statement that the interval which had elapsed before the symptoms shewed themselves in Cook, was so great as to be any real objection to their having arisen from strychnia."

As to the state of the heart, Dr. Taylor adduces a number of instances of strychnia poisoning in which, in common with the case of Cook, it was found empty; while the results of his experiments on animals agree with those of other observers, "that the right side of the heart is full of blood." But there is also evidence afforded by Mr. Startin, that both the full and the empty conditions of the heart may be met with in animals; and, on again turning to Dr. Taylor's table (p. 78), we observe that the heart is, in at least four cases, stated to have contained blood. The state of the heart cannot, therefore, be regarded as pathognomonic of poisoning by strychnia.

The second part of the inquiry is, could the symptoms in Cook's case have arisen from any other disease? In some elaborate notes at pp. 27-30, Dr. Taylor draws a contrast between the symptoms of idiopathic tetanus and tetanus from strychnia; as well as between hysteria and strychnia tetanus. He dismisses briefly the idea of traumatic tetanus, of the cause of which there was no evidence: but we would prefer that he had dealt somewhat more philosophically with the causes of death assigned in the defence (however absurd many of them were), than by the absolute assertion that the symptoms produced by strychnia are characteristic. There is some justice in the words which follow: but there runs through them a dogmatism which is not calculated to lead to conviction.

"The other witnesses who were examined for the defence, did not agree among themselves respecting the cause of death;—thus the jury were left to make their selection from some convulsive disease, modified epilepsy, hysteria, arachnitis, epilepsy with tetanic complications, and angina pectoris; one witness professed that he was unable to assign any cause for the symptoms, either natural disease or poison; but he thought that 'some peculiarity of the spinal cord, unrecognisable except the examination be made immediately after death, might produce symptoms like these;' a very convenient hypothesis for covering any kind of death from poison affecting the nervous system, when from circumstances the poison cannot be discovered in the dead body. It simply implies that a *recent* examination of the spinal cord sets all questions at rest respecting the pathological seat of convulsive diseases; and that hydrophobia, hysteria, tetanus, and epilepsy, are at once indicated by the inspection of this organ, while the body is recent!" (p. 37.)

The conclusions which Dr. Taylor draws from his inquiry on the preceding point are:—

"1. That the symptoms and appearances observed in the case of John Parsons Cook are not only consistent with death by strychnia, but such as from experience in other cases in the *human subject* we may commonly expect to find as a result of the action of this poison.

"2. That the symptoms and appearances, taken as a whole, are not reconcilable with death from any other cause.

"3. That the objections urged to this cause of death by the witnesses for the defence have no real foundation, and are directly opposed to observations hitherto made in cases of death from strychnia."

On these conclusions a few remarks may be offered.

1. The first conclusion is one to which no objection can be made. 2. The second, however, appears to us too absolute. There is no doubt that a deal of absurdity was uttered in the defence with regard to some of the diseases from which, it was said, Cook might have died; but at the same time it must be allowed that some of the witnesses described cases of disease closely resembling those of poisoning by strychnia. Instead of pooh-poohing this evidence, Dr. Taylor should have demonstrated its inapplicability to the case. Anomalous cases of disease do sometimes occur; and this must be borne in mind, especially when, as fortunately happens, the opportunities of comparing cases of strychnia poisoning with other diseases are rare. We do not throw the least doubt on the conclusion that Cook died from strychnia; but we must say that, in the absence of the circumstantial evidence which formed so strong a point in the case, we should be very cautious in coming to any conclusion on the strength of the scientific evidence, chemical or pathological.

3. In this conclusion, we think, every one must at once agree. It is one which Dr. Taylor fully supports; but care must be taken not to assign to it more than its negative value.

The next question examined by Dr. Taylor is:

Can a person die from poison, and no poison be found by chemical analysis of the body?

On this point but one opinion can be held by any one at all conversant with chemistry; viz., that expressed by Dr. Taylor,

"that there are many poisons which may cause death under circumstances in which they cannot be detected by chemical analysis in the body." This is quite true: and it is a view in which Dr. Taylor is supported by eminent authority; but it appears to us that he sustains his argument in a great measure by adducing what could *not* be done twenty or thirty years ago. Chemistry is advancing in progress; and if a time should arrive—as it may—when the detection of all ordinary poisons (unless under most unfavourable conditions) will be a matter of certainty, it will be then absurd to speak of what could not be done in times past as a reason why it cannot be done then. But in the present state of science, the following remarks are admirably to the purpose.

"But has organic chemistry, with all its modern advances, yet reached a point that no death can occur from poison, speaking generally, except the poison be still found either in the stomach, the tissues, the blood, the excretions, or in all of these parts at one and the same time? Is the viper-poison easily revealed by tests? Can the poison of rabies, producing one of the most formidable convulsive affections known, namely hydrophobia, be detected in the tissues? Is there any chemical process by which the poison of the ordeal bean of Africa, or even of the common laburnum, the seeds of the *Ricinus communis*, the poisonous fungi, darnel, and the sausage-poison of Germany, the poison of the œnanthe crocata,—can be separated and demonstrated to exist after death in the blood and tissues? If not, then the allegation that no person can die from poison except the poison be found in the body is a mockery, a delusion, and a snare, admirably adapted to cover a multitude of deaths from poison, which, but for this dogma, might be revealed by pathology and physiology. It is all the more dangerous, because the history of crime shows us that the arts of the murderer, especially of the scientific or professional murderer, are daily becoming more refined. I could add largely to the list of poisons which either by their nature, by their tremendous power in very small doses, or by the mode in which they are introduced into the system, might infallibly produce death without leaving a physical or a chemical trace of their presence in the body. I forbear to do this." (pp. 48-9.)

And, further on, Dr. Taylor very justly says:

"Chemistry may detect a poison; but it fails, without the aid of physiology and pathology, to show whether it was or was not the cause of death; and, in some instances, it cannot enable us to determine whether the poison was introduced into the body during life or after death. Even with regard to the poison in question in this particular case,—*strychnia*,—this substance is now so extensively employed as a medicine, that the discovery of traces of it in the stomach, blood, and tissues (assuming that the processes used are satisfactory), would not justify an allegation of death from poisoning by it. *The symptoms must be made known.* The 'tetanic complications' which it ordinarily produces in the body when taken in poisonous doses must be clearly established, and a judgment must be based on these symptoms. We are not, therefore, to suppose, as the public have been erroneously led to imagine, that toxicology and chemistry are convertible terms, that the finding of poison in a body is a proof of death from it, and the not finding the poison is a proof of death from some natural cause." (p. 50.)

The third question, and indeed the main one in the inquiry is:

"*Can a person die from strychnia, and no trace of that poison be found by chemical analysis in the body?*"

On this subject, in reference to the case of Cook, Dr. Taylor observes:

"The principal reasons for the non-detection of strychnia in the body of a person who has died from its effects may depend on—

"1. *The quantity taken.* If the dose be small, from one half to three quarters of a grain, it may be rapidly absorbed and removed from the stomach. It is only the *surplus* of a fatal dose which is found in the stomach after death. If a man swallows a dose of ten, fifteen, or twenty grains, and dies quickly, without vomiting, then the residue, or some portion of it, may be found.

"2. *On the time which has elapsed after taking the strychnia, until the symptoms commence.* The longer this interval, the greater the quantity of poison removed from the stomach by absorption. The poison has been found to be diffused through the circulation in nine minutes. If the person dies in ten or twenty minutes from the time of swallowing the strychnia, some may be found. If he lives an hour or longer, the greater portion may be removed by absorption.

"3. *On the careful preservation of the stomach and its contents.* If the fluid or solid remaining in the stomach at the time of death is not carefully preserved, there is a great probability, if the residuary quantity be small, that it will not be found.

"In testing the case of Cook by these propositions, we may remark—

"1. The doses were probably small: on Monday night the quantity was not sufficient to prove fatal. On Monday and Tuesday nights a long period elapsed on each occasion before the symptoms commenced. This is not in accordance with the taking of a very large dose. A dose of from three quarters of a grain to a grain would have sufficed to produce the effects on Tuesday night.

"2. An hour and a quarter had elapsed before any symptoms manifested themselves in Cook. If absorption commences in a few minutes, and continues throughout, there was time for the removal of the greater part by this process during the hour and a half that he survived.

"3. The stomach of deceased was delivered to us in a condition most unfit for analysis, or for the detection of such a poison as strychnia. I am informed that it was accidentally cut during the examination of the body, and some of the contents had escaped. If put into the jar in the mode described by the witnesses in evidence, it is perfectly clear that there must have been some tampering with it subsequently. When it reached us, it was laid open from end to end, and *turned inside out.* No person making an inspection for the purposes of a chemical analysis, with the slightest knowledge of his duty, could be guilty of an act of this kind. If he had unfortunately lost the contents, wholly or in part, during the examination, as a rational person he would have preserved as much of the stomach as it was in his power to do: or would have placed it in the jar with the ends secured, and in a different condition from that in which we found it." (pp. 66-8.)

The length to which this review has already extended precludes us from saying much on these important topics: but one or two points may be briefly noticed.

As regards the non-discovery of strychnia in the body of Cook, all that can be said is that chemistry here afforded no evidence in either one direction or the other. The stomach had been cut open, and its contents poured out; and a complete chemical examination of the body was not made.

In reference to the general question whether strychnia undergoes change in the body, and may thus escape detection, or, if capable of detection, be no longer the poisonous substance which was introduced, Dr. Taylor adduces, on the authority of Dr. Macadam, a curious fact.

"Dr. Macadam killed a horse with thirty-two grains of strychnia, which can hardly be called a minimum dose. He fed a large-sized terrier dog for two weeks on the flesh of this horse; the animal eating every day during this period two pounds of muscle. The terrier dog, he says, lived and throve on the flesh, and did not betray the faintest shadow of tetanic symptoms. He states that, on analysis, he found distinct evidence of strychnia in the muscle and blood of the horse.

"These results appear to me to favour the view that strychnia, when absorbed and diffused through the circulating system, undergoes some change, by which, although part of it may still exist as strychnia, a portion is so altered or decomposed, that it no longer possesses a poisonous action on animals. Either this view must be adopted, or we must be prepared to say that strychnia, unabsorbed or as it is lying in the stomach, is a poison; but when absorbed and deposited in the tissues, although still existing entirely as strychnia, it ceases to exert a poisonous action." (p. 127.)

This observation is very curious, and ought to be again and again tested as to its correctness, especially as it is contradictory of other statements.

Dr. Taylor recognises the general opinion that strychnia produces some change in the blood; and argues that therefore it must itself undergo a change.

"The extraordinary changes of colour which strychnia undergoes by contact with sulphuric acid and the peroxides in the application of the colour-tests, are properly ascribed to its

combination with nascent oxygen. In taking oxygen from these substances, is it to be supposed that it undergoes no change in itself? Is it in accordance with the laws of chemistry, that A can affect B, without B affecting A? Are the coloured compounds of strychnia and oxygen still in the form of strychnia the poison, or have they undergone a change? The amount of this conversion in the application of the colour-test, is well known to be dependent on the relative proportions of strychnia and nascent oxygen produced from the substances employed. An ignorant or careless manipulator might, it is true, on finding strychnia to be present, affirm that the alkaloid had undergone no change; when, in fact, part of it only was there, and part of it had become converted into other compounds, no longer possessing the properties of strychnia in its pure state. The application of this reasoning is obvious. There is in the blood, nascent oxygen or oxygen in a state of high chemical tension for combination with the carbon and hydrogen of the waste tissues of the body. Strychnia, as it passes into the blood by absorption, must have its molecules split infinitesimally. These molecules there meet with oxygen. Considering the remarkable affinity which strychnia shows for oxygen out of the body, would it be a matter of great surprise that it should combine with, and remove from the blood a portion of that element on which all vital actions and the proper secretion of nervous force depends? If the oxygen of the blood can combine with the carbon and hydrogen of the tissues, there is nothing to prevent its combination with the carbon and hydrogen of part of the strychnia. It is not necessary that the whole of the absorbed strychnia should be thus changed."

These remarks are interesting and important; but they are merely hypothetical, and should not be allowed to interfere with a full scientific investigation of the question whether strychnia, in all its integrity and potency, can or cannot be detected in the blood and tissues.

In concluding this notice, and in recommending Dr. Taylor's book to the favourable notice of our readers, we must make one more extract, in the sentiments of which we entirely concur.

"After all, it must be remembered, the medical opinion refers to the cause of death, rather than to the criminal. The medical facts may admit of only one reasonable interpretation, namely, that the person died of poison; it must be the conduct of another, his motives and his actions, irreconcilable with innocence, which will ultimately fix the perpetration of the crime upon him. The medical opinion of the cause of death in Palmer's case, had no relation to the prisoner's conduct—in his assigning a false cause for the illness; in his endeavouring to procure a hurried interment of the body; in his interfering at the *post mortem* examination, and cutting into the jar containing the viscera; in his attempting to bribe a postboy to overturn the carriage and break the jar; in opening, or causing to be opened, letters having relation to the results of the analysis; in writing to his friend the coroner, expressing his desire that the inquest might be brought to a close with a verdict of death from natural causes, etc. I might add to these circumstances the possession of strychnia, without any assignable or reasonable motive for procuring this formidable poison, by gifts as well as purchase, on two different occasions within twenty-four hours of Cook's death. It was not the medical opinion respecting the cause of death, or any medical theory regarding the operation of strychnia, which led to the conviction of the prisoner at the trial, so much as these portions of his conduct, for which the subtle and overstrained arguments of his counsel could afford no reasonable or satisfactory explanation. They were, in fact, left without an answer." (p. 35.)

A Descriptive Catalogue of Preparations illustrative of the Diseases of the Ear, in the Museum of Joseph Toynbee, F.R.S. pp. 127. London: Churchill. 1857.

Since the year 1839, Mr. Toynbee has applied himself with care and industry to the investigation of diseases of the ear; and in all that relates to the physiology and pathology of this organ he has gained for himself a good reputation. Prosecuting the study of aural pathology with a view to its improvement, he has from time to time collected morbid specimens bearing on the subject; and these, eight hundred and fifty-six in number, are described, in proper anatomical order, in the catalogue which he has lately published. The descriptions for the most part refer only to the pathological conditions of the part mentioned; but to several of the cases a brief outline of the history is appended, and, in some, reference is made to the published writings of the author for further information.

To those interested in the study of aural pathology, Mr. Toynbee's catalogue will be a source of instruction; and especially to those who may be enabled to examine the specimens. Mr. Toynbee has very liberally expressed his willingness to show his museum at all times to members of the medical profession: of this opportunity, we trust, many will avail themselves.

It must not be omitted, that an appendix to the catalogue contains directions for the removal of the ears for investigation and for their dissection.

British Medical Journal.

SATURDAY, FEBRUARY 7th, 1857.

MEDICAL REFORM.

In noticing, the week before last, the reply of the English department of the Medical Conference Committee to the proposal made to them by the Reform Committee of the Association, it seemed to us only necessary to give the resolution introduced in it which accepted the proposition of Crown nomination, merely touching in general terms upon the other portion of the document. It seems, however, that our words were open to some misconstruction; and, in order to put the matter more clearly before the associates, we publish *in extenso* the document, as received by the Secretary of the Reform Committee.

"*Reply of the English Department of the Medical Conference to the Reform Committee of the British Medical Association.*

"The London Committee of the Conference for promoting a Medical Bill beg to acknowledge the communication of the Reform Committee of the British Association; and they will, without delay, invite the Corporate Bodies of Scotland and Ireland, with which they are acting, to the favourable consideration of the proposal of the Reform Committee, to admit to the proposed General Council members to be nominated by the Crown, whose names appear on the register, and who do not belong to the Governing Bodies of the Medical Corporations and the Universities.

"At the same time, the London Committee of Conference are of opinion that the proportion of members of Council to be nominated by the Crown, proposed by the Reform Committee of the British Association, is too great; that it would render the Council too numerous for the dispatch of business, and would increase those expenses of the Council, which may have to be defrayed by the profession in the shape of registration fees.

"Resolved:

"That the principle of nomination by the Crown, urged by the Reform Committee of the British Association, be entertained, and submitted to the Corporate Bodies of Scotland and Ireland, with the expression of a favourable opinion on the part of the London Conference Committee."

We cannot but repeat our satisfaction that the Colleges have agreed, by the foregoing resolution, to admit the proposition of the Reform Committee; but we must candidly confess that we should have viewed their reply with much more satisfaction, if this resolution had been forwarded without any qualifying remarks. The Reform Committee, for the sake of unanimity, agreed to meet the corporate bodies with a proposition which fell far short of their own ideas with respect to the composition of the Council: they gave ground in a frank and liberal spirit, and expected to be met in the same liberal manner; and we hope still that they will not be deceived in that expectation.

The London Colleges, in their admission of the principle of Crown nomination, undoubtedly go some way with us on the same road; but, in the carrying out of that principle, they seem inclined to hesitate. We may have Government nominees, but they are of opinion that we ask for too many; for the double reason, that it would render the Council too bulky, and its expenses too great. But, if we mistake not, the Reform Committee does not bind itself to any particular number; it only asks for a certain proportion of Government nominees in the Council. That this proportion should be one-third in a governing Council which is to take upon itself the supreme direction of medical affairs in this country, is surely only a humble request, when it is remembered how vastly preponderating are the numbers of medical men who would have no other representatives to look after their particular interests.

When we said in our late leader that the objection of the Corporations to the number of Crown nominees was a matter of "minor importance," we certainly did not mean that the Reform Committee would be willing to accept any number that may be offered them: that is a matter for the Committee itself to decide. Our only intention was to convey the idea that the principle having been accepted, the objection raised by the Conference Committee would probably be removed in future conferences, by the explanations of the Reform Committee. As yet neither of the parties to the late conference, as far as we can see, is pledged by what has taken place. A definite proposition has been made on the one hand, and an indefinite but still a hopeful reply has been returned on the other. We hear that the Scotch and Irish Colleges have agreed to the principle of the proposition, as submitted to them by the London Conference Committee, and that a conference of the Corporate bodies of the three kingdoms will be held in the College of Physicians, on Monday, the 9th instant, to discuss the details of the Bill. If such really be the case, we trust the members will at once agree to accept the proposal of our Reform Committee without any reservation whatever. It surely cannot be of much importance to the Corporations whether the number of Government nominees be two or three more or less, but to the Association it is of the utmost importance that an equal and effective share be given to the voice of the profession at large in an assembly which will have the entire control over their interests. We now almost touch the goal of Medical Reform; and we should regret exceedingly to see any course taken, which may lead to further impediments in the path of those who have so long and so earnestly striven to attain it.

PATENT MEDICINES AND THEIR PATRONS.

THE correspondence, of which an abstract was given in last week's JOURNAL, between the Reverend Canon Jacob and Dr. Crawford of Winchester, on the merits of a secret remedy known by the name of Warburg's Tincture, illustrates several points on which a few remarks may with propriety be made. The history of the case is, briefly, the following. The Reverend Canon Jacob, fortified, as he supposed, by the benefits which he had observed to be produced by Warburg's tincture, and by the fact that some of our most eminent hospital physicians and surgeons had testified to its remedial properties, besought Dr. Crawford to give the support of his name to the medicine, valuable, though of unknown nature. This Dr. Crawford very properly refused to do; and in the course of the correspondence, he not only gave excellent reasons for not countenancing patent medicines in the abstract, but he also brought forward a mass of evidence, not very creditable to the inventor (if he deserves the name) of this famous nostrum. In itself, the case would furnish a theme for comment; we prefer, however, to treat of some points in connexion with patent medicines and their patrons in the abstract, using the facts to which we have above referred in illustration.

Without attempting to exhaust the subject, we would on this occasion comment on two classes of persons who act as patrons of patent medicines.

The first class of patrons consists of persons of standing in the social world, whose position gives to them a degree of importance which causes them to be looked up to as the helpers and advisers of their dependents, when these are in distress or difficulty. To this class belong the members of the aristocracy and the landed proprietors, to whose ranks generally belong the Ladies Bountiful of our towns and villages; and especially the clergy, who, in their frequent and legitimate intercourse with the sick, are tempted often to usurp the functions of the physician. Not uncommonly, the clergyman and the Lady Bountiful act in combination; the former suggesting, and the latter furnishing the articles suggested. So long as this action, whether carried on singly or in combination, is confined to the relief of want; so long as the clergyman directs his energy to the judicious provision of the ordinary necessaries of life for those who are destitute of them, then he is carrying out in practice the principles of that religion which he professes to teach; but when he hesitates not to recommend medicines of which he knows nothing, for the removal of disease in the human body of whose nature he is equally ignorant, then, we must say, he is transgressing the bounds of his calling.

That such conduct is the manifestation in all or even in many cases of a wrongheaded and wilful mind, we do not believe. We can quite join Dr. Crawford in giving the clergy all credit for "benevolence, zeal, and single-mindedness"; but we further most deeply join in his lament "that these truly Christian principles should constitute the very character of all others which cunning and imposture the most eagerly try to ensnare". The clergy are, in fact, with all their alleged superiority of education, and with all their theological power, for the most part utterly incompetent to deal with any question involving even a superficial knowledge of natural science, and especially of the physiology of the human body. Hence they are at once imposed on by accounts of wonderful cures performed by some medicine of high sounding name; and forthwith they hold it a matter of duty to disseminate by word and by deed the beneficial knowledge they have received. It is true that some profess to exercise discrimination in their patronage. The Reverend Canon Jacob has no respect for patent medicines as a class, but acts according to the precept, "Try all things; hold fast that which is good"; not seeing that in trying all things in that blind manner in which they were never intended to be tried, he is perhaps causing a sacrifice of that life which it is his wish to preserve. Indeed, the precept cannot be applied to patent medicines: before a thing is tried, its proximate elements at least, and the nature of that to which it

is to be applied, must be known. If one patent medicine be admitted to use under this precept, there is no longer ground for excluding any. Why should not Canon Jacob, for instance, recommend a trial of the "Retired Clergyman's" recipe for nervous diseases, which contains a dangerous dose of nux vomica?

The clergy, we have said, are utterly unqualified to detect the impostures practised on them by designing men in regard to patent medicines. This arises from their defective education—defective in regard to phenomena which must come under their daily notice. Their university education may be nearly included in the words—Latin and Greek: it is antiquated and essentially limited. With such training, what idea can they have of the problems of natural science?

We can deal in the spirit of charity with those who do wrong because they know nothing better, and have been taught nothing better; but what shall we say of those whom we place in a second class of patrons of patent medicines, who err in spite of their knowledge and their teachings? What can be said, when men holding the positions of physicians and surgeons to our largest hospitals lend their names to countenance imposture? We must look about for extenuating circumstances, and rejoice, for the credit of the men and of our profession, if we can find any. The correspondence between Canon Jacob and Dr. Crawford reveals the names of two culprits in this matter—Dr. Babington, formerly physician to Guy's Hospital; and Mr. Skey, surgeon to St. Bartholomew's Hospital. Both these gentlemen gave testimonials in favour of Warburg's Tincture; but the manner of the documents, and the evident *animus* of the givers, are so different, that they may be taken as representing distinct types of their class. Dr. Babington, it seems, gave a testimonial under the provision that the nature of the medicine, if it appeared to work beneficially, should be made known to him. When the promise made by Dr. Warburg was evaded, and when, moreover, Dr. Babington detected that person in a direct falsehood, he ceased to take all interest in him and his nostrum. Dr. Babington acted with indiscretion in giving any testimonial whatever in favour of an unknown medicine. He was doubtless misled by the promise that the nature of the medicine should not be kept secret from him; and thus his good nature led him to commit an act which he no doubt, as a honest man, regrets. The case of Dr. Babington is a warning to others who may be placed in a similar position.

It is to be trusted that Mr. Skey is the type of himself alone as a giver of patent medicine testimonials. This is what he writes, in sublime disregard of all the petty punctilios of professional honour and of all the principles of medical science:—

"I will not be deterred by the fear of comment from stating my conviction of the great value of the Warburg Tincture as a tonic. I have saved many lives by its administration; and, so long as the ends of medical science have for their object the removal of disease, and not the welfare of the profession only, I shall continue to use it. In all exhausting diseases, it is invaluable."

What justification can be pleaded for such language?

To all in our profession who give testimonials in favour of secret medicines, whether they do it inadvertently or wilfully, we say this—that they are acting in contravention of the dictates of professional honour and of medical science. Mr. Skey would separate these principles; but they are, in truth, intimately connected. Hippocrates administered an oath, containing an excellent code of ethics, to his followers; and in one of its clauses the disciple swore "never to administer noxious drugs". In our days, members of the medical profession do not indeed give noxious drugs; but they testify as to the properties of medicines, of the innocence or noxiousness of which they can only have a very vague idea. If evil results follow, surely they are accessories before the fact; and this must be injurious to the honour and welfare of the profession. In regard to medical science, we will merely say that it is quite obvious that the blind employment of unknown drugs must only render more difficult of solution those complicated problems to solve which endeavours are being made. In this way too, the honour of the profession is endangered; for in its scientific advancement lies one of its greatest claims to respect.

The conduct of those who, like Dr. Crawford, at once see and resolutely follow the path of duty, demands now a few words of praise. Conduct like that of our respected associate is worthy of the admiration of the profession. Firmly has he supported its honour in refusing the solicitations of Canon Jacob; and yet the correspondence has been utterly free from any expressions which the writers might desire to withdraw. If any of our readers should at any time receive a request to support a patent medicine, we hope they will remember the conduct of Dr. Crawford, and do likewise.

DR. FELL'S TREATMENT OF CANCER.

The public is hard to please. Our profession, at least, has ever been unfortunate enough to fall from time to time under the displeasure of the task-master. Sometimes we are reviled as being dusty antiquarians, bigoted to the worn-out habits of past generations and ancient systems; simply because we refuse to endorse with our approbation each novel nostrum that flashes its ephemeral reputation on the credulous senses of the many. And then, again, we are at other times wretched experimentalists, and our hospitals merely medical crucibles, wherein poor humanity is scarified and pounded, and sacrificed to the theories of scientific refiners.

For once, at least, let us hope that the public will be satisfied, and that our incredulous profession will be spared the very biting sarcasms, involved in the somewhat stale jokes about Galileo and Harvey.

Dr. Fell, an American physician, has the reputation of being a successful treater of cancer, both in the New and in the Old World. In this country, the public, at least in London, redounds with tales of marvellous cures performed by him, and "great ones of the city" belonging to our profession have given their testimony, we hear, to the success and skill of the operator. Dr. Fell is now about to submit his method, in a very candid manner, to the judgment of the profession. This is as it should be. The experiments are to be tried in the Middlesex Hospital; and thus the real value of Dr. Fell's secret will be properly put to the test by competent and authoritative observers.

One remark, however, we must here suggest, without detriment to Dr. Fell, who has acted honestly and well. The remark springs from what we have heard of this matter in the profession. We confess to some surprise here. One might imagine, from the manner in which we have been obliged to hear this remedy spoken of by learned doctors, that pathology

was a sham, and that we had no more of principles to guide us in the managing of diseases than has the daintiest of reverend dilettanti, who dabble in physic to cure the bodies of those of whose souls they have especial charge. But pathology *has* a few useful facts in store; and we shall venture to mention two or three of them as applicable to the present purpose. They will enable us to define with complete precision the exact state of the case before us; they will tell us what Dr. Fell has to do to preserve the position he assumes.

Cancer is something more than a local disease. What is the value of his life, in whom the smallest item of cancer exists? How long do they live from whose bodies cancer-masses have been removed? Removing the local disease, then, is not curing cancer. This is all trite enough. Now, Dr. Fell does not, we presume, pretend to do more than attack the local disease. He does then just that which, heretofore and now, surgeons have done and do. But his method contains an especial virtue, and its speciality lies in this, that his means of ablation act more surely, safely, pleasantly, and completely, than do those means heretofore used for the removal of the tumour, viz., the knife and ordinary caustics.

Here then is the fact reduced to its simplest terms, and stripped of all hazy romance. The situation of Dr. Fell before the profession is clear and definite. *He has no new cure for cancer, but only a new method of removing the local tumour*—one more perfect and effective than the methods in daily use. If the doctor has such a remedy, he is happy in his generation, and deserves well of the public and of the profession—not better, indeed, than, as we understand, the public have treated him.

We have spoken this word of caution to our metropolitan brethren, and we think it was needed. We are not of those who are willing to receive as authentic long histories of cases done in private by a secret agent; we trust we have studied the history of our profession to a better purpose. A remedy is like a friend; it requires much testing before it be admitted to great intimacy. We promise Dr. Fell that we will treat his remedy as a friend—that is, we will hold to it and stand by it—if it bear the strain and test to which it is about to be subjected.

THE NEW PRESIDENT OF THE BOARD OF HEALTH.

THE medical profession are tersely informed, through the medium of the papers, that Mr. Cowper retires from the Board of Health, and that his place will be taken by Mr. Monsell. We do not think that any of our body will much regret the retirement of Mr. Cowper, inasmuch as he clearly was unequal to the post. Gentlemanly and well-meaning, without doubt, he was; but he never clearly grasped the great and growing department of Government over which he was called upon to preside; and it must be confessed that, in Parliament, his talents were used rather in damaging than in upholding preventive medicine. We all remember his unaccountable conduct in dropping the Vaccination Bill, and his still more unaccountable speech in which he spoke of Jenner's great discovery as a matter upon which the profession differed. In fact, he gave a colour by his language to the declaration of Dr. Michell, of Bodmin, that vaccination, as at present practised, was a monstrous sham! It is clear, then, the great science of preventive medicine has lost nothing by the retirement from the Board of Health of Mr. Cowper. It is not equally clear, however, that it will gain anything by the appointment of Mr. Monsell, late a clerk at the War Office.

What we wish to draw attention to, is the monstrous system of making such an office a mere shelf for the convenience of displaced Government officials. Mr. Monsell may be well acquainted with the details of that science dedicated to take away life; but what can he know of the far higher one which preserves it?

We shall be told, we know, that this office is a branch of Government and represented in Parliament, therefore a civilian should fill it. But this is no answer at all. The Bar and the Bench have long been identified with the Government of the country; but we do not find these powers of the state represented by civilians! Since medicine is wedded to the state by the creation of this office, the post of president should have been given as one of the prizes of our profession; and we feel convinced that, until a medical man is appointed to the chief place, the Board of Health will not be looked up to with that respect which it otherwise would be entitled to. Why should all the real labour of the post be assigned to Mr. Simon, and all the official dignity to some gentleman well known at clubs—but no where else?

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROP. COUNTIES. [General Meeting.]	37, Soho Square, London.	Tues., Feb. 10, 4 P.M.
BIRMINGHAM AND MIDLAND COUNTIES. [Ordinary Meeting.]	Hen & Chickens Hotel, New Street, Birmingham.	Thursday, Feb. 12th, 6 P.M.
BATH AND BRISTOL. [Ordinary Meeting.]	White Lion, Bristol.	Thurs., Feb. 19, 8 P.M.

ADMISSION OF NEW MEMBERS.

THE Laws of the BRITISH MEDICAL ASSOCIATION, with regard to the admission of new members, are the following:—

Any qualified medical practitioner, not disqualified by any bye-law, who shall be recommended as eligible by any three members, shall be admitted a member at any time by the Committee of Council, or by the Council of any Branch.

The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscription shall date from the 1st January in each year.

The names of new members should be forwarded to the Secretary, Dr. P. H. WILLIAMS, Worcester; or to any of the Secretaries of the Branches.

YORKSHIRE BRANCH.

RESIGNATION OF MR. MATTERSON.

AT a meeting of the Council of the above Branch, held on January 31st, 1857—J. ALLEN, Esq., President of the Branch, in the Chair—It was resolved:

1. That the Council, sincerely regretting the state of Mr. Matterson's health, which has compelled him to resign the office of Secretary to the Branch, which he has held for several years with credit to himself, and to the great satisfaction of its members, cannot allow such connexion to be severed, without a warm expression of their grateful acknowledgment of the services rendered to the Branch by Mr. Matterson, and of a fervent hope that improved health may enable him to enjoy many years of future happiness and usefulness.

2. That Mr. Husband, having consented, at the desire of the Council, to undertake the office of Secretary to the Branch until the annual meeting, be hereby requested to enter immediately upon the duties of the office.

W. D. HUSBAND, *Secretary pro tem.*.

Reports of Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, January 6th, 1857.

J. M. Arnott, Esq., President, in the Chair.

REPORT OF COUNCIL.

The eleventh Annual Report of the Council was read by the Honorary Secretary, Mr. Mitchell Henry. After congratulating the members on the present very prosperous condition of the Society, it stated that there are now 283 members, twenty-eight of whom were elected during the past session. Three members had resigned, two retired, and one had died. The report then alluded to the great importance of conciseness on the part of those members who exhibited specimens. The retirement of Dr. Quain from the office of Honorary Secretary, which he had held for five years, was then alluded to. During that time Dr. Quain edited the annual volume of *Transactions*, and of the manner in which he has discharged his trust the Society was witness. The Society was happy to think that his energy and judgment would still be secured to the Society in his new office of Treasurer; but they desire to join with the members in tendering to him the expression of their warmest thanks for his past services. The expenditure had fallen short of the receipts, and some of the surplus had been funded.

The Report was received and adopted.

Mr. Erichsen, in eulogistic terms, referred to the valuable services of Dr. Quain. He thought them deserving of some more substantial mark of the Society's regard than a mere vote of thanks. He moved that the subject should be referred to the consideration of the Council.

Dr. Brinton seconded the motion, which was carried by acclamation.

Dr. Quain said that, as he had merely done his duty, he had no wish to have a higher reward than had already been given to him.

The matter was eventually referred to the Council.

GANGRENOUS (?) ABSCESS OF THE LUNG. BY JOHN COCKLE, M.D.

The abscess occupied the ordinary seat in the majority of such cases, the lower lobe of the right lung, and the periphery rather than the central portion. The specimen was removed from the body of a middle aged man, of delicate constitution, and cachectic appearance. He had been under treatment nearly a year, with symptoms of emphysema. About ten days before his death, he was seized, without premonition, with symptoms of pleuropneumonia of the right lung, of low intensity, his constitutional state being that of marked adynamia. Nearly coincident with the local symptoms, profuse expectoration occurred, of somewhat viscid, albuminous sputa, of almost milky whiteness, amounting to nearly a pint in the twenty-four hours, and highly offensive. On a physical examination of the chest, about three days subsequently to the attack, obvious dulness existed over the middle and lower right antero-lateral portions of the chest, and a large mucous râle was heard during inspiration. The patient rapidly sank, without further change. Upon examining the body, the left lung was found unadherent, large, distended, extending beyond the mesian line, and covering the superficial area of the heart. No *post mortem* stasis existed, even at its root. The right lung also, free and distended above, was strongly adherent to the costal pleura, at its middle and lower portions, by old and recent adhesions. In detaching the lung at this situation, the outer wall of the abscess gave way, and about two tablespoonfuls of dirty-grey pus escaped. The cavity was, perhaps, large enough to hold a pigeon's egg; it was lined by false membrane in parts, hanging in dark, discoloured shreds. The parenchyma was extensively solidified around the abscess, particularly above. Neither the pus nor the walls of the cavity participated in the excessive fœtidity of the expectoration. No effusion was found in either pleural sac. The heart appeared congested; its walls were very dark, and readily torn. The right chamber contained dark grumous blood, and a small, decolorised, unadherent plug extended from the right auricle into the pulmonary artery.

TUMOUR FROM THE FLEXOR TENDON OF A FINGER. BY T. SPENCER WELLS, ESQ.

Mr. Wells had removed the tumour from the forefinger of an old lady a month before. It had been of slow growth, but had returned after removal by another surgeon. Mr. Wells dissected it carefully from its firm attachment to the sheath of the flexor tendon. The wound healed by the first intention; but, from an examination of the structure of the tumour, Mr. Wells had prepared the patient for its probable recurrence. It was about the size of a walnut; of a soft, gelatinous consistence and ruddy hue, very fine bloodvessels traversing its substance in considerable abundance. The substance was uniform, but arranged in lobules having very fine enclosing membranes. Its specific gravity was 1·022. Mr. Wells said that he was indebted to Dr. Aitken for the preparation, which would show that, in general microscopic appearance, the texture of the tumour was very like the young nucleated blastema of fibrous tissue in the earlier and progressive stages of its development; yet there was no general resemblance to fibrous or to recurrent fibroid tumours obvious to the naked eye. It specific gravity also was peculiar, most varieties of fibroid tumours being described as hard, heavy, and dense; and Mr. Wells repeated a suggestion of Dr. Aitken's, that the specific gravity of tumours should be more frequently determined after their removal, as surgeons lay great stress on the weight and firmness of tumours, when forming an opinion as to their character in the living body.

PIN SWALLOWED THIRTEEN YEARS AGO. BY T. S. WELLS, ESQ.

Mr. Wells had that morning removed the pin from the left mamma of a female twenty-nine years of age. Twenty-seven pins had been removed by Mr. Jones, a Welsh surgeon, at various intervals; twenty-five from the mamma, one from the left wrist, and one from the left knee. Mr. Henry Thompson had also removed one from the left mamma about two years ago, and Mr. Wells believed he had brought the case before the Society.

Mr. Birkett, in allusion to the last case, referred to an instance in which pins were removed from the breast of a female, who appeared on several occasions at Guy's Hospital. It was ascertained that the pins had been previously thrust into the gland.

DISEASED PROSTATE. BY T. B. CURLING, ESQ.

The parts exhibited were taken from a man aged fifty-five, who was admitted into the London Hospital with symptoms which raised the suspicion of the existence of stone in the bladder. On careful sounding, no stone was detected; but the prostate, when examined by the rectum, was found to be enlarged, tender, indurated, and nodular. No difficulty was experienced in passing the instrument, but it gave pain, and was followed by slight bleeding. The pain on micturition increased and became intense, and was succeeded by pain in the lumbar region. Retention of urine occurred, the patient became typhoid, and died. Both kidneys were found diseased, the appearances being those of old Bright's disease with recent acute inflammation. The bladder was thickened, and its mucous lining congested. The prostate was enlarged, its middle lobe prominent, and it was also much harder than natural. On section, it had the appearance and feel of scirrhous disease. The cut surface was dotted with opaque yellow spots, from which there issued, on pressure, an abundant quantity of a thick, homogeneous-looking juice. The juice was examined microscopically by Dr. A. Clark, who found, with the exception of a few suspicious cells, no appearance of scirrhous disease. Notwithstanding Dr. Clark's examination, and the rarity of scirrhus of the prostate, Mr. Curling, forming his opinion from the history of the case, the excessive induration of the gland, and the appearances exhibited in the section, was inclined to regard the disease as of that character. The man died chiefly from acute nephritis, but his symptoms on his admission were all referrible to a morbid state of the prostate.

MELANOTIC TUMOUR GROWING FROM THE OUTSIDE OF THE EYEBALL. BY T. B. CURLING, ESQ.

A man, aged forty-eight, was admitted into the London Hospital on account of a large tumour and projection of the right eye. The disease commenced about four months previously. Mr. Curling excised the globe and tumour, and the man recovered favourably from the operation. A section being made of the tumour, a melanotic mass, about half an inch in thickness, was observed on the outside of the eyeball, closely connected with the posterior half of the sclerotica. This part of the sclerotica was much thinned, and at the extremities of the tumour split, as if the morbid growth had been developed between its layers. The optic nerve was nearly surrounded by melanosis, and compressed and partially atrophied by this

morbid growth. The tumour was composed of distinct masses of different shades of black. In the microscope, the appearances were indicative of cancer. Mr. Curling remarked, that melanosis occasionally attacked the internal structures of the eye, but that he knew of no recorded case in which that disease, or medullary cancer, had grown from the outside of the sclerotic without further implicating the globe, as in this instance.

Editor's Letter Box.

POOR-LAW MEDICAL REFORM ASSOCIATION.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—Permit me thus publicly to thank the students of the several hospitals who have so nobly come forward to aid the cause of the Poor-law medical officers. I cannot advise an aggregate meeting, as it would entail serious loss of valuable time. Let them assemble in their respective theatres, and record their opinions in the medical journals. Arrangements are now making for a general meeting; and, when that takes place, they will have the opportunity of manifesting by their presence the interest they take in our cause.

Officers from twenty unions, whose names have not been before published, have joined the Association within the last few days; and the number of fresh names I daily receive proves that our proceedings meet with the concurrence of my brethren. Gentlemen must excuse my not replying at length to all their suggestions, as I receive from forty to sixty letters daily; they may rest assured I will not fail to bring before the Committee all valuable remarks. I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, February 2nd, 1857.

P.S. The following correspondence with the Poor-Law Board, having reference to the last letter in my pamphlet, may interest your readers.

I. *The Secretary of the Poor-Law Board to Mr. Griffin.*

"Poor-Law Board, Whitehall, January 31st, 1857.

"SIR,—I am directed by the Poor-Law Board, with reference to your letter of the 12th ultimo, to transmit to you for your information the accompanying copy of a letter which they have addressed to the Clerk to the Guardians of the Weymouth Union, respecting your claim to remuneration for the services which you rendered in the case of a poor man named Brownsea. "I am, sir, your obedient servant,

"COURTENAY, *Secretary.*

"To Richard Griffin, Esq., 12, Royal Terrace, Weymouth."

(*Copy of Letter.*)

"Poor-Law Board, Whitehall, January 28th, 1857.

"SIR,—I am directed by the Poor-Law Board to inform the guardians of the Weymouth Union that they have given their consideration to Mr. Griffin's claim to the sum of £2:2 for the services which he rendered in the case of the poor man named Brownsea, of Nottington. The Board have deemed it proper to communicate with Mr. White, the relieving officer; and they learn from him that his attention was first called to this case by Mr. Dade, a justice of the peace, who told him that Mr. Puckett, the medical officer who was then attending Brownsea, could do no more for him; that he (Mr. White) then went to Mr. Puckett, and informed him that, if he considered there was danger, or that further advice was necessary, he had better send for another medical man. It appears that Mr. Puckett, acting upon the authority which he had received from the relieving officer, then called to his aid Mr. Griffin, intimating to him that the relieving officer had pledged himself to remunerate him for his services. On referring to Article 215, No. 3, of the General Consolidated Order of the 24th July, 1847, the guardians will observe that it is the duty of the relieving officer, 'in any case of sickness or accident requiring relief by medical attendance, to procure such attendance by giving an order on the district medical officer, or such other means as the urgency of the case may require.' The Board thinks that, looking to the duties of the relieving officer, as prescribed by this article, it was competent to him to adopt the course which he pursued. The Board therefore directs me to inform the guardians that (without expressing any opinion as to the precise amount of the fee which Mr. Griffin should be paid) they are of opinion that he is entitled to be remunerated for the professional services which, by the authority of the relieving officer, acting on behalf of the guardians, he was called upon to render in this case. "I am, etc.,

(Signed) "COURTENAY, *Secretary.*

"Philip Dodson, Esq., Clerk to the Guardians of the Weymouth [Union, Weymouth."

II. *Mr. Griffin to the Poor-Law Board.*

"12, Royal Terrace, Weymouth, February 2nd, 1857.

"MY LORDS AND GENTLEMEN,—I have the honour to acknowledge the receipt of your letter of the 31st ultimo. I regret you have entirely passed over the first two cases. Legally, perhaps, I have no claim, as I had not an order from the relieving officer of the district: but, had I refused attendance in the case of the poor woman in labour, what would have been said? The words of an honourable and reverend gentleman ('S. G. O.'), in a letter on a somewhat similar case, published in the *Times* a few years since, are most appropriate: 'The women would curse him; the parson's wife say, piously, she hoped he might be forgiven; and the squire's wife would call him a monster.' Had I insisted on having an order, the messenger, who had already walked rather more than four miles to request my *immediate* assistance, must have proceeded three and a half miles further before he could obtain one, and then probably might not have found the relieving officer at home, or, even if he did, he would have had to retrace his steps to me, and, before he could reach home, would have travelled rather more than fifteen miles. Thus hours of valuable time would have been lost, and possibly the lives of the mothar and child sacrificed.

"The reduction of the dislocated humerus, after eight days standing, entitles me equitably, though perhaps not legally, to a fee of one guinea; and, as the law gives the absolute power to your honourable Board to fix the remuneration of the medical officers, I trust you will order these fees to be paid to me. Formerly, when extras were allowed in this union, it was the custom of the district officer to share his fee with the practitioner called in: these cases show the importance of their being restored. It may possibly be said the extras have been commuted, and now form a part of the salary; but your honourable Board will scarcely think it possible for me to squeeze a fee out of the 1*s.* 2½*d.* per case I receive, should I require the aid of a colleague.

"Personally, the fees in the above cases are of little moment; but I contend for them on the broad principle of justice, and on the plea that 'the labourer is worthy of his hire', and that it is wrong to withhold it from him. In order to guide my future conduct, and that of the union medical officers generally, I will thank your honourable Board to inform me if it is a part of the duty of my office to render gratuitous medical assistance to the poor who reside beyond my district.

"Having understood that the Board of Guardians of the Weymouth Union have requested that I 'may be suspended', I shall feel greatly obliged by your favouring me with a copy of their letter, as I am anxious to know what could induce a public body of men privately to assail my character, without saying one word to me of the charge preferred against me. I need scarcely tell your honourable Board that it is not pleasant to have suspension hanging over one's head like the sword of Damocles, not knowing when it may fall. I court the fullest investigation; and, if I deserve censure, I shall bow with meek submission to the stroke. "I have the honour to be,

"My Lords and Gentlemen, your obedient servant,

"RICHARD GRIFFIN.

"The Poor-Law Board, Whitehall."

POOR-LAW MEDICAL REFORM.

LETTER FROM F. J. BROWN, M.D.

SIR,—Allow me to urge upon the whole profession the propriety of supporting the Poor-law Medical Reform Association by pecuniary contributions as well as by other means. I appeal more particularly to my brother-associates, because they constitute a well organised force ready for good works. Two thousand men can readily subscribe £500, which would strengthen the hands of those engaged in the righteous cause of poor-law medical reform. We may repeat this subscription, annually, for the next seven years, should the war against the oppressors of the poor and of the poor man's doctor continue so long. I should not feel dejected by repeated failures. Success will crown the *continued efforts* of the profession. This I know.

In addition to subscriptions, I counsel my brother-associates,

and, indeed, every member of the profession, to give efficient aid to the cause by enlightening members of Parliament, clergymen, lawyers, the gentry, and the guardians of the poor-law unions; and, furthermore, to petition Parliament on the subject. The medical body is like the *corpus humanum:* the interest of one part is the interest of the whole. The whole profession should move to redress the injuries of a portion, aye, of even a single individual.

We greatly need a course of instruction in medical ethics at our colleges and hospitals. The professor of medical jurisprudence, or the professor of hygiene, might take up this subject. Great praise is due to the students for their admirable behaviour in the matter of the naval assistant-surgeons, and for their springing to the front ranks in the present contest.

I am, etc., Fred. James Brown, M.D.

P.S. Those that will listen to my appeal can send their subscriptions to Richard Griffin, Esq., Surgeon, Weymouth. This letter is written without the knowledge of Mr. Griffin and his colleagues. They do not ask for pecuniary support from the whole profession; but *I think* that the profession should volunteer to assist the poor-law surgeons in this matter. F. J. B.

Chatham, Kent, February 3rd, 1857.

PROFESSIONAL CHARGES.

Sir,—I fully agree with "One jealous of the Honour of Medical Science" in the cause he assigns in the week's Journal for January, for the "indignities heaped on the medical profession", and in the remedy he proposes; but I fear it is one not easily to be adopted by very many general practitioners, especially those who live in towns, and all of the older members of our profession. The latter have mostly become so accustomed to the old system of sending medicines indiscriminately, that it is with them "too late to mend"; while among the general practitioners of most towns, I fear there is seldom sufficient unanimity to enable them to carry out the change. The remedy may most easily be adopted by those of our brethren who live in villages, who are generally more independent in their practice, being less fettered by the fear of competition. For the information of those who wish to try the remedy, I subjoin some quotations from a letter in the *Medical Times and Gazette* of May 7th, 1853, signed "M. R. C. S. and L. S. A.," which I copied at the time, and was much pleased with. "My charges vary from 5*s.* to 2*s.* 6*d.* a visit, *including medicines*, according to the circumstances of the patient: these charges include applications, but not minor operations. My bills are sent in as one sum, and the rate of charging is added, so much a visit. This plan enables me to practise my profession more agreeably, as it places me above the suspicion of over-dosing my patients, and there is no quibbling about the frequency of my visits: the dispensing, too, is much more easy. I have a respectable connexion, but never send draughts, and my bottles are green glass. My bills last year amounted to nearly £1,400, and only one complaint has been made, which an explanation satisfied. The law allows a general practitioner to charge for medicines, *or* attendance, but not for both: so he must make his choice. The maximum for attendance is 5*s.* . . ." I should like to know if there is good authority for this last paragraph; of course the charge mentioned would be exclusive of mileage, where the patient lives out of the village. I am fully convinced, from my own experience, of the advantages of this system; the mere saving of time and trouble is no slight recommendation, for it causes less dispensing, less bill-writing, and less book keeping, as there is no real need to do more than enter each patient in the ledger; and then, if a medical case, when your attendance is ended, to count the visits entered in your daily visiting-list, and put down the total number in the ledger. This "last but not least" advantage of the system I have not yet adopted myself, but I intend doing so, as I can see no valid objection to it; and as I have no assistant, I shall be very thankful to escape that very unpleasant task of "posting the ledger." I should be very glad if these few remarks induce any of my country brethren to try the new system, and would willingly give them any further information in my power, if necessary. I enclose my card.

I am, etc., A Village Doctor.

THE AIR-CELLS OF THE HUMAN LUNG.

Letter from Edward Smith, M.D.

Sir,—Dr. Williams, of Swansea, has taken two objections to my theory of phthisis; the first of which is, that he has very slightly changed his mind as to the fact of the existence of epithelium in the air-cells of the lung; and the second is *a* consequence—"*if* Schleiden and Schwann's theory of cell-development should be abolished," and if two other contingencies should happen!

Dr. Williams was "confident" from his own "careful investigation", as well as from the writings of "Schrœder, Kölliker, and many of their pupils," that he had sufficient information to warrant him in writing an important article in the most expensive and authoritative medical work of the day; and in that he recently affirmed the existence of the epithelial lining of the air-cells. After having thus become a teacher, he has doubts as to whether he has taught truth or error; but they are very little ones, and not even yet sufficiently grown to enable him to say which is truth and which is error. Dr. Williams should have an opinion before he becomes either a teacher or a critic; and, until he arrives at that desirable point, it would be as premature in me to reply to his remarks as it was in him to object to mine. I am convinced that there is an epithelial lining in the air-cells of the human lung; and, although I may have thought of this part of my "graceful and airy fabric" "the least", I have not *seen* it the less; and, when I add the witness of my own eyes, *and the printed testimony of Dr. Williams of Swansea*, what could a world require more!

As to the second objection, I am not aware that my theory must stand or fall with that of the cell-development of Schleiden and Schwann (and I take Dr. Williams's *present* denial of this statement as evidence of its correctness); but, as that cell theory has not yet fallen, I will reserve my reply until that event happens. I am, etc., Edward Smith.

63, Grosvenor Street.

INTESTINAL OBSTRUCTION FROM GALLSTONE, ACCOMPANIED WITH INTUSSUSCEPTION OF THE SMALL INTESTINES.

Letter from J. G. Appleton, Esq.

Dr. Andrew Wynter,—In the Journal of January 3rd, 1857, a letter from S. H. Swayne refers to a notice, in a recent number, of a communication from Dr. Marrotte to the Medical Society of the Paris Hospitals, "on intestinal obstruction from gallstone." On reading this gentleman's communication today, which was the first notice that I had seen on the subject, a few particulars of a case that occurred in my practice at Evesham, more than twenty years since, were brought forcibly to my recollection.

The patient, a female, about fifty years of age, had not, previously to her last illness, enjoyed good health. She had been often subject to severe pains in the epigastrium. In this illness her pains were very severe; and the symptoms early assumed the character of those arising from intussusception: the measures used proving ineffectual, she sank exhausted after a few days illness. The late Dr. Beale Cooper saw the case with me, and was present at the *post mortem* examination of the body. We found the small intestines in a state of intussusception, with a biliary calculus of the size of a small walnut impacted in the intestines just above the obstructed portion. In common with our valued correspondent, I was not aware that such cases were so rare, or I might have recorded at an earlier period more minute details of this case. I am, however, obliged to him for the perusal of his interesting letter, which records the names of Drs. Mayo, Monod, Renaut and Reignier, Broussais, and Puyroyer; also of Drs. Abercrombie and Oke, who had observed the eight cases referred to. Having, to the best of my knowledge, recorded the case which came under my notice so many years since, I have pleasure in adding my mite, if by such means any advantage may accrue.

I am, etc., J. G. Appleton.

Luton, Bedfordshire, 27th 1st month, 1857.

PATHOLOGICAL RESULTS OF RHEUMATISM.

Letter from Francis T. Bond, Esq.

Sir,—In the British Medical Journal for January 24th, a case of renal degeneration, rheumatism, fibroid formation on peritoneum, etc., is reported by Dr. Handfield Jones, to which are appended some valuable and instructive remarks. With Dr. Jones's statement as to the nature of the peritoneal affection, and the causation of the dropsy, I fully agree; but my object in writing this is to inquire if a more satisfactory explanation of the origin of these phenomena than he has offered may not be suggested. From the statement that the patient

"had had many and severe attacks of rheumatism, but never rheumatic fever," I think that it may be legitimately inferred, that the indications of the existence of the rheumatic dyscrasia must have extended further back in point of time than two years and a half—the probable date, according to Dr. Jones, of the commencement of the renal degeneration. That period is too limited for the repetition of "many and severe" rheumatic attacks; and I think that we are, therefore, justified in looking at rheumatism as the first link in the chain of events which subsequently followed. From the way in which this tendency to rheumatism is described, we may also conclude that, although none of these rheumatic attacks were of sufficient severity to merit the name of rheumatic fever, yet the patient must have been, during this period, on the very brink of such a manifestation—that the rheumatic dyscrasia had at this time fully established itself in the constitution. Now, if we look upon this dyscrasia as one characterised by a marked tendency to the deposit of exudations in and about the fibrous structures—as one which, in its most acute localisation, preeminently consists in an affection of those structures, we cannot well deny the preexistence in the blood of a plasma distinguished by this affinity for the fibrous tissues, and carried about by the circulation into every organ into whose conformation they enter. Under these circumstances the whole sequel of this case becomes very explainable.

Influenced by that great law of normal nutrition in accordance with which each tissue attracts from the blood the elements out of which it is formed, whilst on the other hand each element of the blood has a correlative affinity for the tissues with which it is homologous, we can understand how this hyperinotic blood-plasma, probably incapable of the highest kind of fibrous development, should attach itself to the fibrous structures of a secondary type of formation, *e.g.*, the peritoneal investments of the abdominal viscera, and, depositing itself on them, tend, by its contraction, to compress their structure and destroy their functions. Perhaps in this patient there had been, in addition to the blood disease, at some time a certain amount of local excitation, in the shape of a slight peritonitis, to give a predominating attractive power to the fibrous tissues of the abdomen: certainly the fibrous deposit would seem to have been contemporaneous and co-extensive on all the abdominal viscera. Its principal and most obvious effect upon the kidney would of course be, as in the liver, contraction of the most vascular portion of the organ, and abolition of its functions: hence the atrophied condition of the cortical portion described in the autopsy, and hence, too, the albuminuria, and the establishment of a secondary crasis, manifesting itself by dropsy in different portions of the body. It is not impossible, also, that the dropsy might have been more readily induced by fibrous hypertrophy of the coats of the large veins, and consequent diminution of their calibre; this being especially the case in the fibrous tissue surrounding the veins at the root of the lung, thereby facilitating œdema of that organ. The valvular cardiac alteration is, I think, undoubtedly referrible to the same fibrinous dyscrasia, and may possibly have occurred during an acute attack of rheumatism, but was more probably of a chronic character. How it can in any way be referred to the renal disease, as Dr. Jones seems to think, I am at a loss to imagine.

Thus the order of sequence in the phenomena will be: establishment of the rheumatic dyscrasia and tendency to fibrous exudation: thickening and contraction of the kidney and other abdominal viscera, and development of vegetations upon the cardiac valves: abolition of the renal functions: diminished spasticity of the blood: dropsy. This view, I think, affords a more satisfactory explanation of the whole series of events than the supposition that the rheumatism and cardiac affection were induced by the renal disease. With Dr. Jones's idea that the fibroid thickening of the peritoneum was not of an inflammatory character, but rather the result of perverted nutrition, I fully agree; in fact it may be looked upon as perfectly analogous with the thickening of the articular membranes so common in chronic rheumatism: but the question might be raised whether its apparently almost complete isolation to the abdominal viscera does not indicate the existence, at some time or other, of a certain amount of inflammatory action in the peritoneum, thus constituting, as it were, a *point de depart* for the more chronic process.

But there is another and more interesting question still opened up by this case, viz., is this the way in which the rheumatic dyscrasia occasionally, or even frequently, reaches its *denouement?* May we suppose that the crasia, which ordinarily affects the fibrous membranes of the joints and pericardium, or the fibrous investments of the muscular and neural tissues in this case, was, by a kind of degradation of its type, obliged to exhaust its power upon the less highly organized group of fibrous structures? Such, I think, seems to be the indication derivable from a study of the case—in no way an extraordinary one in its termination—but in every way noteworthy in its pathology. If this be so, what a valuable hint it is towards the connection of rheumatic and renal diseases, so apparently different in their nature, etiology, and results! Viewed in this light it will form a by no means contemptible aid to the development of a more rational theory of rheumatism than we at present possess; and as such may be recommended to the notice of all who are interested in working out the pathology of that disease.

I am, etc.,

FRANCIS T. BOND, B.A., M.R.C.S.

27, Drummond-place, Edinburgh.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

FRAMPTON. On January 29th, at 151, Westbourne Terrace, Hyde Park, the wife of Thomas Frampton, Esq., Surgeon, of a son.

*GRAVELY. On January 22nd, at Newick, Sussex, the wife of Richard Gravely, Esq., Surgeon, of a son.

HARRISON. On December 19th, 1856, at Calcutta, the wife of James Harrison, M.D., Professor of Anatomy in the Medical College, of a daughter.

HOOD. On January 28th, at Bethlehem Hospital, the wife of W. C. Hood, M.D., of a son.

HOWELL. On January 26th, at Wandsworth, the wife of Thomas Symonds Howell, Esq., Surgeon, of a daughter.

MAKENZIE. On December 7th, 1856, at Dhoolia, Bombay Presidency, the wife of Malcolm M. Makenzie, Esq., Civil Surgeon, of a son.

POWELL. On February 1st, at Cobham, Surrey, the wife of John James Powell, Esq., Surgeon, of a son.

PRIESTLEY. On February 2nd, at 16, Somerset Street, Portman Square, the wife of W. O. Priestley, M.D., of a son.

*STEELE. On January 22nd, the wife of John Sisson Steele, Esq., Surgeon, of a daughter.

TULK. On January 28th, at 2, Radnor Place, Hyde Park, the wife of Alfred Tulk, Esq., Surgeon, of a daughter.

MARRIAGES.

CADDY—TOMPSON. CADDY, John, Esq., Surgeon Royal Navy, to Florence, only daughter of the late J. C. Tompson, Esq., of Gibraltar, at the Catholic Apostolic Church, Gordon Square, on January 29th.

HOLMAN—CAREY. HOLMAN, William Henry, M.B., of Chalcot's Villas, Adelaide Road, to Lucy Elizabeth Sarah, second daughter of W. H. Carey, Esq., of Adelaide Road, at St. Saviour's, South Hampstead, on February 3rd.

KING—LUMLEY. KING, Richard, M.D., of Savile Row, to Elizabeth, eldest daughter of the late Oswald Joseph Lumley, Esq., at St. Marylebone, on January 31st.

PYRKE—EVANS. PYRKE, Duncombe, jun., Esq., of Dean Hall, Gloucestershire, to Susan, eldest daughter of Thomas Evans, M.D., of Gloucester, on February 3rd.

TEARNE—STEPHEN. TEARNE, Theodore S., M.D., to Macdonald, youngest daughter of T. Stephen, Esq., Medical Librarian, King's College, at St. Pancras Church, on Jan. 30.

WALLIS—WHITE. WALLIS, Joseph Haythone, Esq., third son of George Wallis, M.D., of Bristol, to Frances Emily, third daughter of the late Captain C. H. White, 8th Bengal Light Cavalry, of Ambleorde, at Rosherville, on January 27th.

DEATHS.

AMPHLETT, Samuel Holmden, Esq., Surgeon to the Birmingham General Hospital, at Heath Green, near Birmingham, on January 28th, aged 44.

ATKINS. On January 4th, at Grove House, Stoke Newington Green, Louisa Anne, eldest daughter of James Ramsey Atkins, M.D., aged 20.

Blackman. On January 26th, at the Greenway, Gloucestershire, Harriet, relict of James Blackman, M.D., of Ramsbury, Wiltshire, aged 79.

Gardner, William, Esq., Surgeon, formerly of Streatham Common, at Cambridge Terrace, Greenwich, aged 78, on February 3rd.

*Jeston. On January 25th, at Malmesbury, Wiltshire, Barbara Caroline, second daughter of Alfred F. W. Jeston, Esq., Surgeon, aged 19.

Price. On January 18th, at Margate, Julia Bella, youngest daughter of D. Price, M.D.

Scanlan. On January 27th, at 21, Upper Seymour Street West, Kate Mary, second daughter of Edward Scanlan, M.D., aged 10.

Webb. Lately, at her residence, Woolwich Common, Jane Theodosia, Lady Webb, widow of the late Sir John Webb, C.B., K.C.H., late Director-General of the Ordnance Medical Department, aged 80.

APPOINTMENTS.

*Edwards, James, M.D., of Benarth, Conway, has been appointed High Sheriff of the county of Carnarvon.

PASS LISTS.

Apothecaries' Hall. Members admitted on Thursday, January 15th, 1857:—

Spencer, George, Ramsgate

Thursday, January 22nd:—

Costerton, Horatio, Australia
Hall, Cornelius S., Henfield, Sussex
Pitman, Edward Hanbury, Eastbourne, Sussex

Thursday, January 29th:—

Daniell, William Cole, Newport Pagnell
Hughes, William Evan, Bond Bach, Llanrwst
Knaggs, William Angelo, Brompton
Smith, William, Preston
Woodward, Alfred, Bicester, Oxon

East India Company's Service. The following gentlemen have recently passed the examination for medical appointments in the East India Company's Service. The names are arranged in the order of proficiency. There were forty-six candidates.

Cayley, Henry, M.R.C.S.Eng.
Vans Best, Alexander, M.B., M.R.C.S.Eng.
Gillet, Carthew, M.R.C.S.Eng.
White, James Henry, M.R.C.S.Dub.
Penny, James, M.D.Lond.
Simpson, Alexander, M.A., M.D., M.R.C.S.Eng.
Hilson, A. A., M.R.C.S.Ed.
Carney, John, M.R.C.S.Ed.
Dickinson, James Charles, M.R.C.S.Eng.
Ross, James, M.B., M.R.C.S.Ed.
Smith, William C., M.D., M.R.C.S.Ed.
Raddock, Charles Edward, M.R.C.S.Eng.
Powell, Thomas, M.R.C.S.Dub.
Shiel, John, B.A., M.B. Trin. Coll., Dub., M.R.C.S.Dub.
Kelly, William P., M.R.C.S.Dub.
Heard, Samuel J., M.D., M.R.C.S.Ed.
Lalor, James, M.R.C.S.Ed.
Smith, Arnold, M.D., M.R.C.S.Ed.
De Fabeck, William, M.R.C.S.Eng.
Whitton, George E., M.B. Trin. Coll. Dub., M.R.C.S.Dub.
Byramjee, Rustomjee, M.D., M.R.C.S.Eng.
Beaumont, Thomas, M.R.C.S.Dub.

HEALTH OF LONDON:—WEEK ENDING JANUARY 31st, 1857.

[*From the Registrar-General's Report.*]

The deaths registered in the week that ended on Saturday were 1209, which is nearly the same as the number returned in the previous week. In the ten years 1847-56, the average number of deaths in the weeks corresponding with last week was 1167; and if this is raised for the purpose of comparison, proportionally to increase of population, it will become 1284. The rate or mortality that now rules is not high, as compared with that of previous seasons, although it has lately shown that tendency to increase which is to be expected at a period of the year usually the most fatal to human life.

The deaths caused by diseases of the respiratory organs were last week 288, being rather less than a fourth part of the total number returned. The average rate of mortality from this class of diseases at this season would have produced nearly the same number. The number referred to bronchitis in the present return is 166, which exceeds the average, and is double the number referred to pneumonia. Seventy-three of the deaths caused by bronchitis occurred to persons who were 60 years old or more, whilst 70 of the 84 from pneumonia occurred to children. Phthisis, which is not included in the above class, was fatal to 146 persons (being almost the same as the corrected average); and of these, 107 died in that period of life which extends from 20 to 60 years. Hooping-cough is at present decidedly the most fatal disease included in the zymotic class; 57 children died of it, whilst 29 died of scarlatina, and 28 persons at various ages of typhus and common fever. Two children of a dock labourer died of "febris" at 4 Crown Court, Whitechapel. Three children died of measles in the Workhouse St. George-in-the East. A mother, and her son aged four years, died of dysentery at Hammersmith. The death of a seaman who had been expelled from his ship when in a state of illness, was accelerated by exposure to cold; and that of a young woman by want of food.

Of 60 persons who had attained the age of 80 years or more, 7 were nonagenarians. The oldest was the widow of a tailor, who died at 1, Boddy's Bridge, St. Saviour's, at the very advanced age of 97 years.

Last week the births of 879 boys and 883 girls, in all 1762 children, were registered in London. In the ten corresponding weeks of the years 1847-56 the average number was 1572.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·602. The highest reading occurred on Thursday, and was 29·77 in. The mean temperature of the week was 31·2 deg., which is 7 deg. below that of the previous week, and lower by 6·8 deg. than the average of the same week in 43 years (as determined by Mr. Glaisher). The mean temperature was below the average on every day of the week, and on Thursday, when it was 26·2 deg., the amount of depression below the average was nearly 12 deg. The *highest* temperature in the week was 39 deg. (on Sunday the 25th), and the *lowest* was 20 deg. (on Friday). The range of the week was consequently 19 deg. The lowest on grass on Friday was 8·9 deg. The mean dew-point temperature was 28·1 deg., and the difference between this and the mean temperature of the air was 3·1 deg. The wind blew generally from north-north-east till Thursday afternoon, when it began to blow from the south-west. The amount of rain (or melted snow) was 0·44 in., of which 0·25 in. fell on Saturday. Snow or rain fell on every day except Thursday and Friday.

"QUACKERY UNMASKED"!

Clerkenwell Police Court, Thursday, January 29th.

Dr. John Sutton, *alias* Dr. Sidney Hall, *alias* Dr. Manning, a short, well-dressed young man of gentlemanly manners, apparently about 24 years of age, described as a surgeon, residing at No. 15, Frederick-place, Goswell-road, Clerkenwell, who was charged on the preceding Friday on a warant with unlawfully attempting to extort money by publishing a libel against Mr. William Harman, a farmer residing at Sleaford, in Lincolnshire, was again examined.

Mr. Haines attended for the prosecution, Mr. Robinson, barrister, defended the prisoner, and Mr. Wakeling attended for another person interested to watch the case.

The complainant, it appeared, some time since saw in the newspapers the prisoner's advertisements; and having entered into a correspondence with him, communicated to the prisoner, in his medical capacity, certain facts of a strictly private nature. For some time the prisoner sent and was paid for his advice and medicine; but Mr. Harman, who, it would seem, was not blessed with too much wit, he having consulted a planet reader and astrologer in connection with the prisoner and the case, finding that he received no benefit from Dr. Sutton, left off communicating with him. The prisoner then wrote to say that if the prosecutor did not at once send him 25*l.* he should publish the whole of the private letters that had passed between them. The defendant has published a pamphlet of sixteen pages, entitled "Quackery Unmasked, being a complete exposition of the frauds, impositions, and deceptions practised by those who advertise a speedy, safe, and effectual cure of a particular disease." After stating that he has devoted many years to the consideration of the subject, he has the following remarks on the frauds and impositions of quacks, which are so connected with the charge against him that they are worthy of reproduction here:—"Many who read these pages will respond to the truth of this; will remember, doubtless, the tempting

offer, the flattering promise, the guarantee of a cure, which caused them to send pound after pound, in the vain hope of obtaining ultimate relief. The frauds and impositions practised by those unprincipled and ignorant men know no bounds, and are of the most extravagant kind. 'Extortion' is a word which but mildly expresses their ordinary boundary. '*Robbery*' would be a more fitting term. And how do they escape punishment? By having the audacity to threaten *exposure*." (The italic is Dr. Sutton's.) "It is then that the victim awakes to the true character of him whom he had imagined to be a faithful medical adviser, and finds him only an ignorant impostor, in whom every particle of honour, principle, and uprightness is entirely lost. Unfortunately for the sufferer he has no remedy. Fear of the disgrace with which he is threatened induces him to stoop and gratify the robber's demands; and thus he finds health is lost, his purse lessened, and the villain escapes unpunished, and serves many others in the same manner." It was under these circumstances that a warrant was granted for the person's apprehension.

Mr. Haines said that since the last occasion the prisoner had written to his client a note stating that he was extremely sorry for the course he had pursued, and expressed a hope that if he made a full and ample apology in open court the charge would not be proceeded with further. Under these circumstances he, on the part of Mr. Harman, was prepared to accept that apology, and to withdraw from further proceeding with the prosecution.

Mr. Robinson said he was there on the part of the defendant, and was quite willing to make the most full and ample apology that could be required, and to state that the defendant was extremely sorry for the course he had pursued. He might, however, state that, according to his instructions, the defendant never had the slightest wish nor intention of publishing Mr. Harman's private communication, and he wrote the note complained of under great excitement, caused by a communication received from the complainant. There had been a civil action in the Clerkenwell County Court, and he thought the matter would have ended.

Mr. Haines might be allowed to remark that Mr. Harman in that case was awarded his costs of travelling from the country.

Mr. Tyrwhitt said it was a very serious thing for persons to have the confidential notes which they sent to their medical men made public. As all parties appeared satisfied, the prisoner would be discharged; but he had better be careful how he got in such trouble again.

The prisoner, who seemed to have suffered from his incarceration, was then discharged.

Long before the hour appointed for the re-examination of the prisoner, the court and its avenues were crowded by respectably dressed persons who had been swindled by quack doctors, and they seemed very much disappointed at the prisoner's dismissal. (*Times.*)

ACTION FOR RECOVERY OF FEES.

County Court, Chipping Norton, Monday, Dec. 22nd, 1856.
(Before J. M. PARRY, Esq., Q.C.)

HOLMES *v.* GARLICK.

THE plaintiff, a surgeon at Chipping Norton, sued the defendant, a commercial traveller residing at Devonshire Road, Upper Holloway, for £3, for medical attendance and medicines supplied to his daughter, when at school in the above named town. The defendant did not dispute the attendance, or charges, but contended that he was the wrong person sued; the person with whom his daughters were placed at school was the proper person to pay his daughter's liabilities while under her care, and then charge it against him in her school-bill. The plaintiff argued that he had the choice of action either against defendant or the schoolmistress. His Honour said the usual way was to charge medical attendance in the school-bill; but there was a question whether the plaintiff could not sue either the child's parent or the schoolmistress. As both plaintiff and defendant were unsupported by professional assistance, he was placed in an awkward position; and he should defer his decision till the next Court.

On Thursday, Jan. 22nd, 1857, his Honour was of opinion that when the terms of a school did not include medical attendance, a child could pledge its parent's credit for medical attendance, and a surgeon could proceed against him for such attendance. He would therefore give a verdict for the plaintiff, with costs.

POOR-LAW MEDICAL REFORM.

MEETING OF STUDENTS OF KING'S COLLEGE.

AT a meeting of the medical students of King's College, held in the operating theatre of the Hospital, J. W. Hulke, Esq., in the chair, the following resolutions were unanimously agreed to:

1st. Proposed by Mr. WAY, and seconded by Mr. WOOD:—"That this meeting regards the existing regulations affecting union medical practice as imperatively demanding readjustment, sympathises with the movement set on foot by Mr. Griffin, and concurs in the principles adopted by the Poor-law Medical Reform Association."

2nd. Proposed by Mr. MEADOWS, and seconded by Mr. WALTERS:—"That among the regulations especially requiring revision are those affecting the present rates of remuneration afforded to medical officers; and that the system which leaves the fixing of these rates under the control of district Boards of Guardians, and the entire management of the appointments in the hands of non-professional authorities, is radically defective, and detrimental alike to the welfare of the medical profession and the public at large."

3rd. Proposed by Mr. GRIFFIN, and seconded by Mr. MASON:—"That this meeting views with deep regret the apathy of some, and with unfeigned displeasure the unprofessional conduct of those who, forgetful of the broad interests of their profession, have unmanfully accepted offices thrown up by others on principle, thus selfishly helping to perpetuate the existing grievances, and to clog the exertions of those who seek their redress."

4th. Proposed by Mr. SWAIN, and seconded by Mr. DAY:—"That this meeting is of opinion that a general conference of the students of all the medical schools should be held, and that this should take place in London at the earliest practicable period."

5th. Proposed by Mr. HARTLEY, and seconded by Mr. SIDDON:—"That a shilling subscription be opened for the purpose of assisting in carrying out these resolutions."

6th. Proposed by Mr. ANSTIE, and seconded by Mr. WATSON:—"That a committee be formed of the following gentlemen: Messrs. Lawrence, Way, Meadows, Wood, Swain, and Griffin, with power to add to their number, who shall co-operate, on behalf of the students of King's College, with those of other schools, and with the Poor-law Medical Reform Association."

THE MIDDLESEX HOSPITAL AND TREATMENT OF CANCER. Dr. Fell, the American physician, whose treatment of this disease has of late been so much spoken of in London, has made an arrangement with the authorities of the Middlesex Hospital, by which he has taken charge of a certain number of cases in the cancer wards of that establishment, for the purpose of subjecting them to the action of his remedies. Dr. Fell has communicated, in confidence, the particulars of his treatment to the surgical staff, who will watch the cases, and report upon the results.

A MADMAN IN THE VATICAN. *Rome, January 15th.* While sanguinary tragedies have saddened the inhabitants of Paris and Naples, eccentricities of a less homicidal character have amused the inhabitants of Rome, and especially the nocturnal pranks of a madman who recently gained access to the Vatican Palace, notwithstanding the scrutinizing glances of the Swiss halberdiers stationed in the grand corridor leading to the *scala regia*. It appears that this unfortunately aberrated individual succeeded in secreting himself in the precincts of the palace until the night was far advanced, when he suddenly aroused and alarmed the inhabitants of the apostolic residence by vociferating in stentorian tones that the Pope was dead, following up this startling piece of intelligence by another vague assertion, that he himself was about to succeed his Holiness on the Pontifical throne, and that, as first fruit of his authority, he should order the Cardinal Secretary of State to be shot. It may be easily imagined with what consternation these overwhelming announcements were received, until the ill-omened individual was laid hands upon, and the state of his intellects discovered. The great gates of the Vatican have been closed at nightfall since this untoward occurrence. (*Express.*)

HOSPITAL FOR DRUNKARDS. A movement is on foot at New York to establish an institution for these persons.

BOARD OF HEALTH. The Hon. W. Cowper retires from the Presidency, and is succeeded by Mr. Monsell, of the Board of Trade.

EAST INDIA COMPANY'S SERVICE:

QUESTIONS PUT AT THE WRITTEN EXAMINATION FOR ASSISTANT-SURGEONS, JANUARY, 1857.

Anatomy and Physiology. Monday, January 12th.—10 to 1 o'clock. Examiner, Mr. Busk. I. *Descriptive Anatomy.* 1. Describe the duodenum; its structure, relations, functions, vessels, and nerves. 2. Indicate the limits of, and describe the parts exposed by, dissection in the space circumscribed by the borders and attachments of the masseter muscle, including the zygomatic fossa. 3. Describe the dissection of the popliteal space. 4. Enumerate in order of superposition the parts divided in cutting down upon the first rib, above the clavicle, the incision being parallel with the clavicle. 5. The pons Varolii and medulla oblongata having been removed, describe the base of the brain, as thus exposed; tracing the remaining nerves to their true origins. II. *Minute Anatomy and Physiology.* 6. Describe the minute anatomy of the spleen, and the peculiarities of the splenic blood. 7. Describe the structure of the walls of the larger and smaller arteries, veins, lymphatics, and capillaries. 8. Enumerate the various excretions, indicating the average daily amount of each in an adult man; and indicate the sources whence they are derived, and the channels through which they are eliminated.

Surgery. Monday, January 12th.—2 to 5 o'clock. Examiner, Mr. Paget. 1. Describe the malpositions of the lower extremity which are usually observed in the successive stages of scrofulous inflammation of the hip-joint; explain the differences between the apparent shortening and the real shortening of the limb; and say in what other diseases any of the same malpositions may occur, and how these diseases may be distinguished from that of the hip-joint. 2. What are the chief caustics employed in the treatment of phagedænic, rodent, lupous, cancroid, and other allied forms of ulcer? Give account of the methods of applying at least three of them. 3. Give an account of loose cartilages in the knee joint,—of their probable origin, seat and manner of formation, and effects. 4. In a large general hospital, would you, or would you not, set apart wards exclusively for the treatment of patients after operations? State both the advantages, and the disadvantages, of the plan that you would adopt. 5. What diseases within the skull are likely to occur in connection with chronic suppuration or ulceration in the internal ear? How would you endeavour to prevent them; and what symptoms would make you suspect the occurrence of any of them! 6. Give an account of the disease generally called fissure or irritable ulcer of the anus; mention its chief diagnostic symptoms, and the best means of curing it. 7. Enumerate the causes of retention of urine. 8. What are the most characteristic signs of fracture of the neck of the femur? and how would you distinguish this injury from fracture of the pelvis, from dislocation of the femur on the dorsum ilii, and (when there is no shortening of the limb) from the consequences of a severe blow on the trochanter major producing neither fracture nor dislocation?

Medicine. Examiner, Dr. Parkes. Tuesday.—2 to 5 o'clock. 1. Describe the symptoms of an apoplectic fit. What are the chief structural lesions of the brain or vessels which precede cerebral hæmorrhage? What treatment would you adopt during the fit? 2. A woman, aged 30, was ill for three years with well-marked symptoms of phthisis pulmonalis. She then became extremely depressed in spirits, irritable, and odd in manner, and occasionally lost for a time the memory of persons and things. After this had continued for two or three months, she began to complain of severe frontal headache, and was soon afterwards attacked with occasional violent vomiting; there was some intolerance of light; the pulse was quick and the skin was hot. Eight days before her death she became extremely confused, ceased to know her relatives, declined to answer questions, and gradually became comatose. For five days before her death, she had retention of urine, but there were no other paralytic symptoms. Describe the appearances which would be present in the brain and lungs on *post mortem* examination. 3. What are the symptoms of acute pericarditis? 4. A man, aged 33, suffered for six years from cough, expectoration, and occasional slight hæmoptysis. For nine months before the date of the following attack, the cough had increased, and he had rapidly lost flesh. On the 16th December, he was suddenly seized with a sensation of great constriction, and then of intense pain in the left side and the left front of the chest; the breathing became very quick; the pulse frequent and feeble; the extremities cold; the skin clammy with cold sweat. The patient could only lie on the left side, though formerly the position on the right side had been easiest to him. On the following day the pain was less, but was still excited by every respiration and movement; the left side was found to be enlarged, and the heart was displaced to the right. From what causes could such an attack arise, and which cause was the probable one in this case? What physical signs must have been present? What treatment would you have adopted? 5. What are the causes of enlargement of the spleen? How would you recognise such enlargement? What microscopical conditions of blood may be coincident with it? 6. How would you distinguish between the diarrhœa of typhoid fever and that of dysentery? Mentions the signs derived from the characters of the stools, as well as from the other symptoms. 7. Enumerate some of the principal diseases in which albumen may be found temporarily or permanently in the urine. 8. What are the symptoms and treatment of placenta prævia? 9. What are the chief officinal preparations of iron? Under what circumstances would you employ iron as a remedy? 10. If you were appointed surgeon to a crowded troop or emigrant ship, what measures would you take in order to preserve the health of those on board?

Natural History. Tuesday, 10 to 1 o'clock. Examiner, Dr. Hooker. I. *Botany, etc.* (Answer five or more of the following questions.) 1. What are the different layers of the bark of a tree, and how are they developed? 2. How are epiphytes distinguished from parasites? Give examples of both. 3. What are the characters of the natural orders gramineæ, compositæ, and umbelliferæ? and give examples of each used in medicine. 4. Describe the roots of ipecacuanha, orchis, smilax, and ginger; give the names and natural orders of the plants to which they belong. 5. Give the names, natural orders, and native countries of the plants producing gamboge, hemp, tamarind, benzoin, scammony, and jalap. 6. Describe the structure of an orchideous flower. 7. What does a grain of wheat and barley consist of? 8. What is yeast, how is it developed, and what are the chemical changes it effects? 9. Mention some natural orders and genera of plants which abound most in saline and in nitrogenous soils. 10. Mention some of the most abundant products of the cells of plants, and their chemical composition. 11. What is starch chemically and microscopically; and how is it converted into sugar? 12. Define the terms protoplasm, cytoblast, and primordial utricle. 13. What are the changes which vegetable food undergoes when assimilated by animals; and how does it supply animal heat? 14. Why is a knowledge of vegetable physiology essential to a right understanding of animal physiology? 15. What are mist, dew, and hoar-frost? 16. What are monsoons and trade-winds? II. *Zoology.* (Answer three or more of the following questions.) 1. Describe the process of fecundation in fish and in insects. 2. What are the principal races of men? how are they distinguished and distributed over the surface of the globe? 3. What animals yield oil used in commerce and medicine? and to what genera and families do they belong? 4. What is the economy of an ant-hill and of its inhabitants? 5. Define the terms species, genus, organ, function, instinct, anatomy, and physiology. 6. Describe the respiratory apparatus in birds, fish, reptiles, insects, and arachnida. 7. What are tapeworms and ascarides? how are they developed and propagated?

Royal Medical Benevolent College. The late Sir Hugh Richard Hoare, who was during his life-time a liberal friend to the College, has bequeathed £500 to it by his will.

Medical Society of London. A paper will be read this (Saturday) evening, by G. Ross, Esq., "On the Secondary Eruption following Vaccination".

TO CORRESPONDENTS.

Letters and other Communications for the Journal should be directed to the private address of the Editor, 39, Curzon Street, May Fair.

To Contributors. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers *always* deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

Members should remember that corrections for the current week's Journal should not arrive later than Wednesday.

Dr. Montgomery.—We have not forgotten our promise; and will shortly fulfil it.